

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

**CALIFORNIA REPUBLICAN PARTY**

**C00140590**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MR. RONALD B. MOSKOVITZ 2960 CLAREMONT BLVD BERKELEY, CA 94705-1324	SELF EMPLOYED	09/03/99	\$ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		
	Aggregate year-to-date >	\$225.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MS. IDA MUELLNER 17745 BULLOCK ST ENCINO, CA 91316-1111		09/15/99	\$ 230.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate year-to-date >	\$230.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MR. PETER W. MULLIN 340 S WESTGATE LOS ANGELES, CA 90049	MULLIN CONSULTING	10/25/99	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE		
	Aggregate year-to-date >	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MRS. KAREN A. MURPHY 2628 ROYAL CREST DR ESCONDIDO, CA 92025-7318		09/15/99	\$ 235.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate year-to-date >	\$235.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MS DONALD A. MURRAY 1117 PANORAMA DR ARCADIA, CA 91007-6133		08/23/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate year-to-date >	\$431.44	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
DR. MARK S. NADLER 185 FRONT ST STE 105 DANVILLE, CA 94526-3323	SELF	09/08/99	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation D.M.D.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
DR. MARK S. NADLER 185 FRONT ST STE 105 DANVILLE, CA 94526-3323	SELF	10/08/99	\$ 45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation D.M.D.		
	Aggregate year-to-date >	\$295.00	

**SUBTOTAL of Receipts This Page (optional)** ..... **\$ 1,915.00**

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