

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(01/01/2000 - 02/18/2000)

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24 55  
FOR LINE NUMBER  
11 | a | (1)

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NAME OF COMMITTEE (in Full)

Friends of Jane Harman C00255141

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Gene Kaplan 330 N. Carmelina Ave. Los Angeles, CA 90049</p>	<p>Name of Employer  Occupation Retired</p>	<p>Date (month, day, year) 01/18/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>		
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Mannon Kaplan 12603 Sarah St. Studio City, CA 91604</p>	<p>Name of Employer Miller, Kaplan, Arise &amp; Co.</p>	<p>Date (month, day, year) 02/01/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 500.00</p>		
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Dorothy F. Knecht 17 Bret Harte Terrace San Francisco, CA 94133-1603</p>	<p>Name of Employer  Occupation Best Efforts</p>	<p>Date (month, day, year) 01/24/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 500.00</p>		
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Eric Koenig 2337 Calif St., NW Washington, DC 20008-1742</p>	<p>Name of Employer  Occupation Best Efforts</p>	<p>Date (month, day, year) 02/08/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>		
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Kent Kresa 615 N. Faring Rd. Los Angeles, CA 90077</p>	<p>Name of Employer  Occupation Best Efforts</p>	<p>Date (month, day, year) 01/27/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>		
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Carolyn B. Lamm 2801 Chesterfield Pl., NW Washington, DC 20008</p>	<p>Name of Employer White &amp; Case  Occupation Attorney</p>	<p>Date (month, day, year) 02/04/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>		
<p><b>G. Full Name, Mailing Address and ZIP Code</b> M. Steven Langman 630 5th Ave. New York, NY 10111</p>	<p>Name of Employer  Occupation Best Efforts</p>	<p>Date (month, day, year) 01/24/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ see below</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>			<p>4,500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>			