

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (070-01899-1221/11 099)

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

The Mary Bono Committee C30332890

<p>A. Full Name, Mailing Address and ZIP Code NEAL PALMER BROOKS PO BOX 400160 HONTSSTEAD, FL 33090</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer BROOKS TROPICALS</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code PAULA J. BROOKS P.O. BOX 1536 PARK CITY, UT 84060</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 11/05/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code ROSSEL E. BURRETT JR. 72845 CALLE DE LA CELLA PALM DESERT, CA 92260</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 11/01/1999</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code CABAZON BAND OF MISSION INDIANS 84-245 INDIAN SPRINGS DRIVE INDIO, CA 92201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 12/03/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code JACQUELINE J. CANNON 48-820 SHADY VIEW PALM DESERT, CA 92260</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer MANAGEMENT SERVICES, INC.</p> <p>Occupation INSURANCE AGENT</p> <p>Aggregate Year-to-Date > \$ 550.00</p>	<p>Date(month, day, year) 10/29/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code JOSE CARDENAL 7705 SW 139TH TERR. MIAMI, FL 33158</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer RICHARDS TRACTOR CO.</p> <p>Occupation AG EQUIPMENT DEALER</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code KERN CARPENTER 19295 SW. 264 ST. HOMESTEAD, FL 33011-1830</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer K. CARPENTER FARMS</p> <p>Occupation FARMER</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date(month, day, year) 12/13/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)