

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
CARE POLITICAL ACTION COMMITTEE (CARE PAC)

Full Name (Last, First, Middle Initial) A. Dan Fisher		Date of Receipt M / D / Y Y Y Y 05 / 17 / 2004
Mailing Address Two Folsom St.		Transaction ID: SA11A1.6450
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Gap, Inc.	Occupation Chairman of the Board	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Dan Fisher		Date of Receipt M / D / Y Y Y Y 05 / 17 / 2004
Mailing Address One Maritime Plz., Ste. 1400		Transaction ID: SA11A1.6451
City	State	Zip Code
San Francisco	CA	94111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Fisher		Date of Receipt M / D / Y Y Y Y 05 / 17 / 2004
Mailing Address One Maritime Plz., Ste. 1400		Transaction ID: SA11A1.6578
City	State	Zip Code
San Francisco	CA	94111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>15000.00</b>
TOTAL This Period (last page this line number only) .....	▶	