

**SCHEDULE A ITEMIZED RECEIPTS**  
Contributions from Individuals/Persons

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**NAME OF COMMITTEE (in Full)**

Doug Ose for Congress C00333294

<b>A. Full Name, Mailing Address and ZIP Code</b> Sotiris K. Kolokotronis 3480 Sunrise Blvd., Ste 200 Rancho Cordova, CA 95742	Name of Employer SKK Properties	Date(month, day, year) 09/29/98	Amount of Each Receipt this Period 150.00
	Occupation Developer	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Richard J. Kramer 1070 Macadamia Drive Hillsborough, CA 94010	Name of Employer Mercy/Catholic Healthcare West	Date(month, day, year) 09/15/98	Amount of Each Receipt this Period 250.00
	Occupation President/CBO	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Pranod Kumar 9413 So. Butte Road Sutter, CA 95962	Name of Employer Southridge Golf Course	Date(month, day, year) 09/18/98 09/18/98	Amount of Each Receipt this Period 100.00 200.00
	Occupation Owner	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Ed Lacque P.O. Box 684 Orland, CA 95963	Name of Employer Self Employed	Date(month, day, year) 08/09/98	Amount of Each Receipt this Period 500.00
	Occupation Livestock Market Owner	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Norman L. Lawer 8312 Woodborough Way Sacramento, CA 95628	Name of Employer N/A	Date(month, day, year) 07/01/98	Amount of Each Receipt this Period 500.00
	Occupation Retired	Aggregate Year-to-Date > \$ 1,500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Sonya Leeman 300 Kings Pointe Lane Mc Minnville, TN 37110	Name of Employer N/A	Date(month, day, year) 09/18/98	Amount of Each Receipt this Period 1,000.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Terry Leeman 300 Kings Pointe Lane MC Minnville, TN 37110	Name of Employer National Health Corporation	Date(month, day, year) 09/18/98	Amount of Each Receipt this Period 1,000.00
	Occupation Nursing Home Executive	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional)	3,700.00
<b>TOTAL</b> This Period (last page this line number only)	