

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

Use separate schedule(s)
for each category of the
Detailed Summary Page
(07/01/98 - 09/30/99)

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26 31
FOR LINE NUMBER
11(a) (1)

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NAME OF COMMITTEE (In Full)

Doug Use for Congress C00333294

<p>A. Full Name, Mailing Address and ZIP Code Millicent Waits 1436 Robinson Drive Red Bluff, CA 96080</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/01/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Robert G. Wallace 455 Capitol Mall, Suite 701 Sacramento, CA 95814</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Financial Planner</p> <p>Aggregate Year-to-Date > \$ see below</p>	<p>Date (month, day, year) 07/02/98</p>	<p>Amount of Each Receipt this Period 525.00</p>
<p>C. Full Name, Mailing Address and ZIP Code same as above</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,475.00</p>	<p>Date (month, day, year) 07/02/98</p>	<p>Amount of Each Receipt this Period 475.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Thomas B. Walther 474 Gabriel Avenue Yuba City, CA 95993</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Sutter Health</p> <p>Occupation Medical Administration</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 09/18/98 09/18/98</p>	<p>Amount of Each Receipt this Period 300.00 150.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Nancy E. Weber 23602 Cone Grove Road Red Bluff, CA 96080</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Rancher</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 06/18/98</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Karen Whitehead 5637 Costello Avenue Van Nuys, CA 91401</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Requested</p> <p>Occupation Requested</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 09/02/98</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Mark Whitehead 3504 Mission Road Stockton, CA 95204</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Name of Employer USAA</p> <p>Occupation Insurance Claims</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/21/98</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

2,950.00

TOTAL This Period (last page this line number only)