

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/97 - 12/31/97)	PAGE	OF
	4	6
FOR LINE NUMBER		
11(a)(i)		

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NAME OF COMMITTEE (In Full)
Friends of Sonny Bono C00287697

A. Full Name, Mailing Address and ZIP Code same as above	Name of Employer Occupation	Date(month, day, year) 12/17/97	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
B. Full Name, Mailing Address and ZIP Code Mr. Thomas C. McCarthy 8315 Whelan Drive San Diego, CA 92119	Name of Employer Occupation Written Rqst 9/30/97	Date(month, day, year) 09/05/97	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code Dr. Steve A. Kearsch 9540 Capiland Road Desert Hot Springs, CA 92240	Name of Employer Occupation Minister/School Headmaster	Date(month, day, year) 11/17/97	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 400.00		
D. Full Name, Mailing Address and ZIP Code Mr. Thomas W. Moore 1740 Conn Valley Rd St. Helena, CA 94574	Name of Employer Occupation Retired	Date(month, day, year) 11/17/97	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 400.00		
E. Full Name, Mailing Address and ZIP Code Mr. Steven J. Niethamer 2425 Vista Dr Palm Springs, CA 92362	Name of Employer Occupation Pediatric Dentist	Date(month, day, year) 11/21/97	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code Ms. Donna L. Perice 79-860 Ryan Way Bermuda Dunes, CA 92201	Name of Employer Occupation Retired	Date(month, day, year) 11/12/97	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 600.00		
G. Full Name, Mailing Address and ZIP Code Ms. L. Ann Peterson 1 Mayfair Rancho Mirage, CA 92270	Name of Employer Occupation Executive	Date(month, day, year) 11/17/97	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 600.00		

SUBTOTAL of Receipts This Page (optional) 1,800.00

TOTAL line Period (see page this line number only)