

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **5** OF **7**

FOR LINE NUMBER

11 (a) (i)

**Contributions From Individuals/Persons**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Bob Matsui for Congress

C000085688

(04/01/98 - 05/13/98)

A. Full Name, Mailing Address and ZIP Code David K. Murphy 700 Selsey Court Sacramento, CA 95864-6130	Name of Employer Self (Pickett-Rothholz & Murphy)  Occupation Insurance Broker	Date (month, day, year) 04/03/98	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Thomas A. Makashima 8768 Carlisle Ave. Sacramento, CA 95828	Name of Employer KKOA FM Sacramento  Occupation Radio Announcer	Date (month, day, year) 04/13/98	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	
C. Full Name, Mailing Address and ZIP Code N. Navayogaraiah 2397 Oak Harbor Drive #354 Sacramento, CA 95833	Name of Employer URS Greiner  Occupation Engineer	Date (month, day, year) 04/16/98	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Eugene S. Ograd, II P.O. Box 19275 Sacramento, CA 95819	Name of Employer Sutter Medical Group  Occupation Physician	Date (month, day, year) 04/16/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Nancy Jo Perry 1010 Rosalind Road San Marino, CA 91108	Name of Employer IndyMac Inc.  Occupation President/CEO	Date (month, day, year) 04/13/98	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Nancy Jo Perry 1010 Rosalind Road San Marino, CA 91108	Name of Employer IndyMac Inc.  Occupation President/CEO	Date (month, day, year) 04/13/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Steve Pleau 4001 Pretense Ct. Fair Oaks, CA 95628	Name of Employer Future Ford  Occupation Auto Dealer	Date (month, day, year) 04/16/98	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 300.00	

SUBTOTAL of Receipts This Page (optional) ..... 3,200.00

TOTAL This Period (last page this line number only) .....