

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page

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NAME OF COMMITTEE (In Full) Gephardt In Congress Committee			
A. Full Name, Mailing Address and Zip Code Otella Gallo 891 South Hopper Road Modesto, CA 95351 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date ->	Date (month, day, year) 07/16/1999 \$2000.00	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Robert J. Gallo 600 Yosemite Blvd. Modesto, CA 95353 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer E & J Gallo Winery Occupation V.P. & Owner Aggregate Year-to-Date ->	Date (month, day, year) 07/16/1999 \$1000.00	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Robert J. Gallo 600 Yosemite Blvd. Modesto, CA 95353 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer E & J Gallo Winery Occupation V.P. & Owner Aggregate Year-to-Date ->	Date (month, day, year) 07/16/1999 \$2000.00	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Estrella Garcia 10322 Oso Redondo NE Albuquerque, NM 87111-3775 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date ->	Date (month, day, year) 09/09/1999 \$217.00	Amount of Each Receipt this Period \$80.00
E. Full Name, Mailing Address and Zip Code Estrella Garcia 10322 Oso Redondo NE Albuquerque, NM 87111-3775 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date ->	Date (month, day, year) 11/17/1999 \$347.00	Amount of Each Receipt this Period \$130.00
F. Full Name, Mailing Address and Zip Code Michael Gaughan P.O. Box 19030 Las Vegas, NV 89132 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Barbary Coast Occupation Owner & President Aggregate Year-to-Date ->	Date (month, day, year) 08/17/1999 \$1000.00	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Michael Gaughan P.O. Box 19030 Las Vegas, NV 89132 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Barbary Coast Occupation Owner & President Aggregate Year-to-Date ->	Date (month, day, year) 08/17/1999 \$2000.00	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)	\$5210.00
TOTAL This Period (last page this line number only)	