

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Christopher Cox Congressional Committee **FEC ID No. C00223297**

A. Full Name, Mailing Address and ZIP Code Marlene J. Frisbie 9 Whitestone Newport Coast CA 92657	Name of Employer N/A	Date (month, day, year) 4-9-99	Amount of Each Receipt this Period 250.00
	Occupation Homeemaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Marilyn P. Goodman 1133 9th Street, Apt. 210 Santa Monica CA 90403-5254	Name of Employer Good Samaritan Hospital	Date (month, day, year) 4-23-99	Amount of Each Receipt this Period 500.00
	Occupation Social Worker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code J. Peter Anderson 2005 Yacht Resolute Newport Beach CA 92660-6720	Name of Employer Self Employed	Date (month, day, year) 4-15-99	Amount of Each Receipt this Period 250.00
	Occupation Civil Engineer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Virginia S. Anderson 2005 Yacht Resolute Newport Beach CA 92660-6720	Name of Employer Coldwell Banker Residential	Date (month, day, year) 4-15-99	Amount of Each Receipt this Period 250.00
	Occupation Real Estate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Daniel S. Coelho 2911 Anacapa Place Fullerton CA 92635	Name of Employer Resource Financial	Date (month, day, year) 4-9-99	Amount of Each Receipt this Period 350.00
	Occupation Insurance		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
F. Full Name, Mailing Address and ZIP Code Wiley, Rein & Fielding 1776 K Street, NW Washington DC 20006-2304	Name of Employer N/A	Date (month, day, year) 5-14-99	Amount of Each Receipt this Period
	Occupation N/A		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		MEMO \$350.00
G. Full Name, Mailing Address and ZIP Code Samuel Walker 1776 K Street, NW Washington DC 20006-2304	Name of Employer Wiley, Rein & Fielding	Date (month, day, year) 5-14-99	Amount of Each Receipt this Period 175.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 175.00		

SUBTOTAL of Receipts This Page (optional).....	1775.00
TOTAL This Period (last page this line number only).....	