

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full) Friends of Connie Morella for Congress			
A. Full Name, Mailing Address and Zip Code Rebecca Morgan 12723 La Cresta Drive Los Altos, CA 94022-2513 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Joint Venture: Silicon Valley Occupation Retired Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 02/29/200	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and Zip Code Jeannette Numan 507 Bolton Place Houston, TX 77024-4600 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Occupation Financial Consultant Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 02/29/200	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and Zip Code Frances Nelson 60 Hillside Mall San Mateo, CA 94401-3407 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Behannon Development Co Occupation Executive Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 02/23/200	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and Zip Code Donald Orkard 3229 Reservoir Road, NW Washington, DC 20007-2943 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Orkard Corporation Occupation President Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 03/28/200	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Jay Robbins 8209 Gainsborough Court W. Potomac, MD 20854- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer NCI, NIH Occupation Federal Physician Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 02/28/200	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Joan Robbins 8209 Gainsborough Court W. Potomac, MD 20854- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Somerville at Potomac Occupation Registered Nurse Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 02/28/200	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Alan Salerian 8409 Carlynn Drive Bethesda, MD 20817- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Washington Psych. Center Occupation Physician Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 02/25/200	Amount of Each Receipt this Period \$200.00

SUBTOTAL of Receipts This Page (optional)	\$4450.00
TOTAL This Period (last page this line number only)	