

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (06/14/98 - 02/02/99)

PAGE 1 OF 2
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259174

A. Full Name, Mailing Address and ZIP Code Joseph P. Alonghat 6735 N. Forest Oak Rd. Peoria, IL 61615	Name of Employer Self-Employed	Date(month, day, year) 05/20/98	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code Navi X. Arcia 1924 Los Arabis Drive Lafayette, CA 94549	Name of Employer Self-Employed	Date(month, day, year) 05/22/98	Amount of Each Receipt this Period 500.00
	Occupation Physician	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code Om P. Dhiman 1- Edgewood Rd. Scarsdale, NY 10583	Name of Employer	Date(month, day, year) 05/17/98	Amount of Each Receipt this Period 250.00
	Occupation Investment Banker	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code Dr. Govindan Gopinathan 650 First Avenue New York, NY 10016	Name of Employer Self-Employed	Date(month, day, year) 06/30/98	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			
E. Full Name, Mailing Address and ZIP Code Ganesh P. Kumar M.D. 280 Foxhank Crescent South Syosset, NY 11791	Name of Employer Self Employed	Date(month, day, year) 06/17/98	Amount of Each Receipt this Period 1,000.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 1,000.00			
F. Full Name, Mailing Address and ZIP Code Kardathil M. Mathew 165 Glen Regis Way MC Donough, CA 90253	Name of Employer South Atlanta Cardiology	Date(month, day, year) 06/01/98	Amount of Each Receipt this Period 500.00
	Occupation Physician	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 500.00			
G. Full Name, Mailing Address and ZIP Code Nirmal K. Mabbco M.D. 25 Hill House Ln. Old Brookville, NY 11545	Name of Employer Self-Employed	Date(month, day, year) 06/17/99	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	
Aggregate Year-to-Date > \$ 250.00			

SUBTOTAL of Receipts This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)