

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals/Persons

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (06/14/98 - 06/30/98)

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

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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 MATTHEWS FOR CONGRESS 000259374

A. Full Name, Mailing Address and ZIP Code Euseena Mooppan 1563 Hewlett Beach Road Hewlett, NY 11557	Name of Employer	Date(month, day, year) 06/15/98	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Samiappan Muthusamy 1201 Morris Avenue Union, NJ 07083	Name of Employer Center for Digestive Diseases	Date(month, day, year) 06/19/98	Amount of Each Receipt this Period 250.00
	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Annamolu S. Rao 6 Windmill Court Smithtown, NY 11787	Name of Employer	Date(month, day, year) 06/17/98	Amount of Each Receipt this Period 300.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code C. V. Sreenivasan 7804 Lindsey Amarillo, TX 79121	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		
E. Full Name, Mailing Address and ZIP Code American Animal Hospital 3650 Petaluma Blvd. Fremont, CA 94536	Name of Employer (Partnership)	Date(month, day, year) 06/08/98 SEE ATTRIBUTION BELOW	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Sharon P. Salwan 3500 Petaluma Blvd. Fremont, CA 94536	Name of Employer Self	Date(month, day, year) 06/08/98	Amount of Each Receipt this Period 500.00 MEMO
	Occupation Veterinarian		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1,550.00

TOTAL This Period (last page this line number only)

4,550.00