

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/98 - 03/31/99)

PAGE 6 OF 10
FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS C00259374

| | | | |
|---|-----------------------------------|------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code M.G. Reddy 234 Greenwich St. Belvidere, NJ 07823 | Name of Employer Self-Employed | Date(month, day, year) 07/21/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Physician | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code Shashidhar C. Reddy 152 Brandon Terrace Albany, NY 12203 | Name of Employer Self-Employed | Date(month, day, year) 07/21/98 | Amount of Each Receipt this Period 500.00 |
| | Occupation Physician | Aggregate Year-to-Date > \$ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): | | | |
| C. Full Name, Mailing Address and ZIP Code Varu M. Reddy 1175 Hoosick Rd. Troy, NY 12180 | Name of Employer | Date(month, day, year) 07/21/98 | Amount of Each Receipt this Period 500.00 |
| | Occupation | Aggregate Year-to-Date > \$ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code Hena Roy 1011 Evergreen Drive Lincoln, NE 68510 | Name of Employer | Date(month, day, year) 08/25/98 | Amount of Each Receipt this Period 500.00 |
| | Occupation | Aggregate Year-to-Date > \$ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code Deepak K. Sachdev 122 Thicket Lane Freedom, CA 95019 | Name of Employer Self-Employed | Date(month, day, year) 09/03/98 | Amount of Each Receipt this Period 200.00 |
| | Occupation Dentist | Aggregate Year-to-Date > \$ 200.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code Yashvirinder S Sangha 60970 Amapolis Ct. Fremont, CA 94539 | Name of Employer | Date(month, day, year) 09/09/98 | Amount of Each Receipt this Period 300.00 |
| | Occupation | Aggregate Year-to-Date > \$ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code Shubho Sen 40 Arrowhead Rd. Wrentham, MA 02595 | Name of Employer | Date(month, day, year) 09/02/98 | Amount of Each Receipt this Period 500.00 |
| | Occupation Self employed | Aggregate Year-to-Date > \$ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional)

2,750.00

TOTAL This Period (last page this line number only)