

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (In Full)

THE MARY BONO COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer INFORMATION REQUESTED	Date (month, day, year)	Amount of Each Receipt this Period
ARNIL RASTDOL, M.D. 1275 E. LAUREL AVE. HEMET CA 92343 4415	PHYSICIAN	08/26/2000	250.00 TO BE REFUNDED
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date \$ 0.00	
B. Full Name, Mailing Address and ZIP Code Mr. GEORGE ARGYROS 945 SOUTH COAST DR., #600 COSTA MESA CA 92626-	DRVELOPER	07/05/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DRVELOPER	Aggregate Year-to-Date \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code LOUIS ALER 32 CONECS RD. WESTHAMPTON BEACH NY 11978-	RETIRED	08/25/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Mr. GRANT G. BAKMENDL 47425 MEDINA DR. WEST PALM DESERT CA 92260	RETIRED	07/14/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date \$ 244.00	
E. Full Name, Mailing Address and ZIP Code BARONA C & A ACCOUNT 1095 BARONA Rd LAKESIDE CA 92040		09/11/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code MILDRED BERTY 73342 TAMARISK PALM DESERT CA 92260-	RETIRED	08/08/2000	244.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date \$ 244.00	
G. Full Name, Mailing Address and ZIP Code W. BLASR 440 ANDELAIR DR. SANCA MONICA CA 90402	OPHTHALMOLOGIST	08/30/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OPHTHALMOLOGIST	Aggregate Year-to-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 3,238.00

TOTAL This Period (last page this line number only)