

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CARE POLITICAL ACTION COMMITTEE (CARE PAC)

Full Name (Last, First, Middle Initial) A. Dan Fisher		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address Two Folsom St.		Transaction ID: SA11A1.7985
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Gap, Inc.	Occupation Chairman of the Board	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Dan Fisher		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address One Maritime Plz., Ste. 1400		Transaction ID: SA11A1.7986
City	State	Zip Code
San Francisco	CA	94111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Fisher		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address One Maritime Plz., Ste. 1400		Transaction ID: SA11A1.7990
City	State	Zip Code
San Francisco	CA	94111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	