

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

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

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
CARE POLITICAL ACTION COMMITTEE (CARE PAC)

Full Name (Last, First, Middle Initial) A. John J. Fisher		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address One Maritime Plz., Ste. 1400		Transaction ID: SA11A1.7987
City San Francisco	State CA	Zip Code 94111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Pisces, Inc.	Occupation President	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Laura Fisher		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address One Maritime Plz., Ste. 1400		Transaction ID: SA11A1.7988
City San Francisco	State CA	Zip Code 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. Robert J. Fisher		Date of Receipt M / D / Y 08 / 03 / 2005
Mailing Address One Maritime Plz., Ste. 1400		Transaction ID: SA11A1.7989
City San Francisco	State CA	Zip Code 94111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Pisces, Inc.	Occupation Businessman	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) .....	▶	