

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Menendez for Congress, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer Information requested	Date (month, day, year)	Amount of Each Receipt this Period
Richard Ecklan 12 Wesley Court Bayonne, NJ 07002-	Occupation information requested	12/06/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jordan, Burt, Berenson & Johnson 777 Brickell Ave., Suite 500 Miami, FL 33131	Partnership Attribution Listed Individually Occupation Attorneys	11/08/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Kakoyiannis 1413 Silo Road Morrisville, PA 19067-	Soloway Edlin & Biseman, PC Occupation Attorney	12/06/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christakis Karamanos 70 Hendrickson Avenue Brick, NJ 08723	Tri-plex Occupation Construction/president	12/06/1999	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Karak 2 Montreal Woods Ct Englishtown, NJ 07726-	Knight/Trimark Occupation Trader	11/17/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kosar Kazmi 340 Westview Ave. Fort Lee, NJ 07024-	Quality Home Care Providers Occupation Respiratory Director	10/01/1999	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kosar Kazmi 340 Westview Ave. Fort Lee, NJ 07024-	Quality Home Care Providers Occupation Respiratory Director	10/01/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	4,500.00
<b>TOTAL</b> This Period (last page this line number only)	