

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full) (01/01/97 - 06/30/97)
 Ellen Tauscher for Congress C00310706

A. Full Name, Mailing Address and ZIP Code Cynthia Kerwin Birmingham 30 La Ferrara Terrace San Francisco, CA 94133 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Primary Election 1996	Name of Employer Haley Purchio Sakai & Smith Occupation Attorney Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 06/23/97	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Phyllis C. Bratt 1388 Chesterton Way Walnut Creek, CA 94596 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 06/23/97	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Ron Burkle 10000 Santa Monica Blvd., Fifth Floor Los Angeles, CA 90067 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Yuccaipa Companies Occupation Managing Partner Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 01/08/97	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Carole Chaiken 1177 Estates Drive Lafayette, CA 94549 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 06/23/97	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Donald Chaiken 1177 Estates Drive Lafayette, CA 94549 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Davidson Homes Occupation Homebuilder Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 06/23/97	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Carolyn J. Cline, M.D., Ph.D. 2780 Broadway San Francisco, CA 94115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 06/11/97	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Carolyn J. Cline, M.D., Ph.D. 2780 Broadway San Francisco, CA 94115 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 06/11/97	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 5,250.00

TOTAL This Period (last page this line number only)