

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals/Persons

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 purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) (10/15/98 - 11/23/98)
 Napolitano for Congress C00334706

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earmarked through: EMILY'S List 805 15th Street, NW, Suite 400 Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	_____ Occupation _____ Aggregate Year-to-Date \$	10/28/98	265.00 (memo) TOTAL FROM CONDUIT
B. Full Name, Mailing Address and ZIP Code Elena Macias 11514 E. Wimbley Court Cerritos, CA 90703 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CSU Long Beach Educator Aggregate Year-to-Date \$	10/16/98	250.00 650.00
C. Full Name, Mailing Address and ZIP Code Eli Marmur 15460 Duomo Via Bel Air, CA 90077 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	E.M. Therapeutics R.P.T. Aggregate Year-to-Date \$	10/27/98	250.00 250.00
D. Full Name, Mailing Address and ZIP Code Robert K. Meyer II 4425 E. Cartagena Way Las Vegas, NV 89121 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	US Air Force Computer Specialist Aggregate Year-to-Date \$	10/27/98	100.00 250.00
E. Full Name, Mailing Address and ZIP Code Joseph M. Molina 829 Stratford Ave. South Pasadena, CA 91030 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Molina Medical Center President Aggregate Year-to-Date \$	10/27/98	250.00 250.00
F. Full Name, Mailing Address and ZIP Code Morongo Band of Mission Indians N.A.R. Fund 11581 Potrero Road Banning, CA 92220 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	_____ Occupation Aggregate Year-to-Date \$	11/08/98	1,000.00 2,000.00
G. Full Name, Mailing Address and ZIP Code Morongo Band of Mission Indians N.A.R. Fund 11581 Potrero Road Banning, CA 92220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	_____ Occupation Aggregate Year-to-Date \$	11/08/98	1,000.00 2,000.00

SUBTOTAL of Receipts This Page (optional)	2,850.00
TOTAL This Period (last page this line number only)	