

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page
(page 58 - 59/1998)

PAGE OF
1 1
FOR LINE NUMBER
11 (a) (1)

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NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

| | | | |
|--|--|-------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code Augustine V. Joseph 5200 Davison Avenue, Suite A Orlando, FL 32810 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): | Name of Employer Self-Employed | Date (month, day, year) 05/04/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Medical Doctor Aggregate Year-to-Date > \$ 250.00 | | |
| B. Full Name, Mailing Address and ZIP Code Subroto Kundu 20101-A Lake Chapet Rd. Castro Valley, CA 94546 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): | Name of Employer Self-Employed | Date (month, day, year) 04/28/98 | Amount of Each Receipt this Period 500.00 |
| | Occupation Physician Aggregate Year-to-Date > \$ 500.00 | | |
| C. Full Name, Mailing Address and ZIP Code Ravinder Shahani 21308 Lujan Drive Northville, MI 48167 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): | Name of Employer Acro Service Corp. | Date (month, day, year) 05/07/98 | Amount of Each Receipt this Period 500.00 |
| | Occupation Business Executive Aggregate Year-to-Date > \$ 500.00 | | |
| D. Full Name, Mailing Address and ZIP Code Betty Warner Sheinbaum 345 North Rockingham Avenue Los Angeles, CA 90049 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): | Name of Employer Self-Employed | Date (month, day, year) 04/29/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Artist Aggregate Year-to-Date > \$ 250.00 | | |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Aggregate Year-to-Date > \$ | | |

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

1,500.00