

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

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NAME OF COMMITTEE (In Full)

KUYKENDALL CONGRESSIONAL COMMITTEE C00333573

A. Full Name, Mailing Address and ZIP Code Karen Demieux 1580 Clydesdale Circle Westlake Village, CA 91362	Name of Employer _____ Occupation _____	Date (month, day, year) 05/24/2000	Amount of Each Receipt This Period 1,000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____		Aggregate Year-to-Date > \$ 1,000.00
B. Full Name, Mailing Address and ZIP Code Anita Lepp P.O. Box 7854 Riverside, CA 92512	Name of Employer Self Occupation Accountant	Date (month, day, year) 05/13/2000	Amount of Each Receipt This Period 250.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____		Aggregate Year-to-Date > \$ 250.00
C. Full Name, Mailing Address and ZIP Code Charlotte A. Lesser 404 Highland Ave. Manhattan Beach, CA 90266	Name of Employer Beach Cities Health Dist. Occupation Administrator	Date (month, day, year) 05/22/2000	Amount of Each Receipt This Period 1,000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____		Aggregate Year-to-Date > \$ 1,000.00
D. Full Name, Mailing Address and ZIP Code Edward C. Little 5250 Selmoreline Dr. Cliver City, CA 90230	Name of Employer N/A Occupation Retired	Date (month, day, year) 05/24/2000	Amount of Each Receipt This Period 500.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____		Aggregate Year-to-Date > \$ 500.00
E. Full Name, Mailing Address and ZIP Code R.T.L. Littlefair 5512 Calle De Ricardo Torrance, CA 90505	Name of Employer Self Occupation Property Manager	Date (month, day, year) 05/02/2000 06/22/2000	Amount of Each Receipt This Period 100.00 250.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____		Aggregate Year-to-Date > \$ 350.00
F. Full Name, Mailing Address and ZIP Code Frederick C. Lorenzen 6421 Bixby Hill Rd. Long Beach, CA 90815	Name of Employer Price Transfer Inc. Occupation President	Date (month, day, year) 06/06/2000	Amount of Each Receipt This Period 500.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____		Aggregate Year-to-Date > \$ 500.00
G. Full Name, Mailing Address and ZIP Code Robert J. Lowe 11777 San Vicente Blvd. Suite 300 Los Angeles, CA 90049	Name of Employer Lowe Enterprises Occupation Chairman	Date (month, day, year) 06/01/2000	Amount of Each Receipt This Period 1,000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify): _____		Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,600.00
TOTAL This Period (last page this line number only)	