

Contributions from Individuals/Persons

FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (in Full)
Berkeley 2000

C00326738

<p>A. Full Name, Mailing Address and ZIP Code David Z. Chesnoff 320 S. Fourth St. Las Vegas, NV 89101</p>	<p>Name of Employer Goodman, Chesnoff & Keach</p>	<p>Date 08-25-99</p>	<p>Amount this pd. \$250.00 FUNDRAISED</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Year-to-Date > \$250.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Allan R. Earl 740 S. Fourth St. Las Vegas, NV 89101</p>	<p>Name of Employer Galatz, Earl & Associates</p>	<p>Date 08-25-99</p>	<p>Amount this pd. \$250.00 FUNDRAISED</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Year-to-Date > \$250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Will Kemp 300 S. 4th St., #600 Las Vegas, NV 89101</p>	<p>Name of Employer Attorney</p>	<p>Date 08-25-99</p>	<p>Amount this pd. \$1,000.00 FUNDRAISED</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Harrison, Kemp & Jones</p>	<p>Year-to-Date > \$1,000.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Ned S. Holmes 55 Waugh Drive, No. 1111 Houston, TX 77007</p>	<p>Name of Employer Self</p>	<p>Date 08-25-99</p>	<p>Amount this pd. \$1,000.00 FUNDRAISED</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>	<p>Year-to-Date > \$1,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Juan Manzurs 1621 East Sahara Avenue Las Vegas, NV 89104</p>	<p>Name of Employer Self</p>	<p>Date 08-25-99</p>	<p>Amount this pd. \$1,000.00 FUNDRAISED</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Physician</p>	<p>Year-to-Date > \$1,000.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Irving Poznanter P.O. Box 983 Houston, TX 77001</p>	<p>Name of Employer Risk Analysis, Inc.</p>	<p>Date 08-25-99</p>	<p>Amount this pd. \$250.00 FUNDRAISED</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Ins. Consultant</p>	<p>Year-to-Date > \$250.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Sandra G. Finkelman 5303 Braesheather Drive Houston, TX 77060</p>	<p>Name of Employer Self</p>	<p>Date 08-25-99</p>	<p>Amount this pd. \$500.00 FUNDRAISED</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Homemaker</p>	<p>Year-to-Date > \$500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional) ></p>			<p>\$4,250.00</p>
<p>TOTAL This Period (last page this line number only) ></p>			<p>-----</p>