

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(01/01/89 - 06/30/99)

PAGE 2 OF 2  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

MATHKWB FOR CONGRESS C00259374

<p>A. Full Name, Mailing Address and ZIP Code Chitra R. Shahani 21308 Lujan Drive Northville, MI 48167</p>	<p>Name of Employer Auto Service Corp.</p>	<p>Date(month, day, year) 06/18/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation Controller</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Borasmy N. Ung 498 Se. 13th St. Pompano Beach, FL 33060</p>	<p>Name of Employer</p>	<p>Date(month, day, year) 06/30/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$ 500.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date &gt; \$</p>	

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

5,000.00