

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals/Persons

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NAME OF COMMITTEE (In Full)

(10/15/98 - 11/23/98)

Condit for Congress - 1998

C00247544

A. Full Name, Mailing Address and ZIP Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Sharon A. Hoder 2529 Sahalee Dr., East Redmond, WA 98053	- No Response	11/03/98	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested - No Response Aggregate Year-to-Date \$ 320.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George B. Jastrzebaki 824 McGuire Drive Modesto, CA 95355	George Brinnig, M.D.	10/20/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James G. Leprino 1830 West 38th Avenue Denver, CO 80211	Leprino Foods Company	11/03/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman of the Board Aggregate Year-to-Date \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Lopez 619 South Vincent Road Turlock, CA 95380	Lorinda Dairy	10/20/98	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner Aggregate Year-to-Date \$ 625.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. McIntyre, M.D. 2071 S. Atherton Street, #705 State College, PA 16801	Physician	10/20/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self Employed Aggregate Year-to-Date \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Orangeburg Medical Group 1448 Florida Avenue Modesto, CA 95350		11/03/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date \$ 250.00		federally permissible funds
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John C. Pfeffer, M.D. 1444 Florida Avenue, Suite 101 Modesto, CA 95350	Self Employed	11/03/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 2,325.00

TOTAL This Period (last page this line number only)