

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FDR LINE NUMBER: PAGE 01 OF 138

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Bill Jones for U.S. Senate

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Jack Mason | | Date of Receipt 10. 07 2004 |
| Mailing Address 555 S Dora St City State Zip Code Ukiah, CA 95425024 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. | | |
| Name of Employer self | Occupation Physician | Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)(441a-1)) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> | Election Cycle-to-Date <input type="checkbox"/> 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Adrian Martinez | | Date of Receipt 10. 07 2004 |
| Mailing Address 1448 34th Street City State Zip Code North Highlands, CA 95660 | | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. | | |
| Name of Employer None | Occupation Retired | Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)(441a-1)) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> | Election Cycle-to-Date <input type="checkbox"/> 350.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. P. Andrews McLane | | Date of Receipt 10. 07 2004 |
| Mailing Address 77 Dean Rd City State Zip Code Newport, MA 024933709 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. | | |
| Name of Employer TA Associates | Occupation Investment Management | Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)(441a-1)) |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> | Election Cycle-to-Date <input type="checkbox"/> 250.00 | |

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)