

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Friends of Howell Heflin Committee, Inc.

90020052117

A. Full Name, Mailing Address and ZIP Code Marcine Friedman 7750 Collegetown Drive, STE 300 Sacramento, CA 95826		Name of Employer Date (month, day, year) 7-1-89	Amount of Each Receipt this Period 393.14
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	INKIND
		Aggregate Year-to-Date > \$ 393.14	
B. Full Name, Mailing Address and ZIP Code Betsy Wheeler 601 California Street, 9th Floor San Francisco, CA 94108		Name of Employer Date (month, day, year) 7-27-89	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	INKIND
		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Harold H. Robinson, III 601 California Street, 9th Floor San Francisco, CA 94108		Name of Employer California Energy Company Date (month, day, year) 7-27-89	Amount of Each Receipt this Period 944.36
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice Chairman	INKIND
		Aggregate Year-to-Date > \$ 944.36	
D. Full Name, Mailing Address and ZIP Code Lenore J. Steinberg 801 South Grand Avenue, 18th Floor Los Angeles, CA 90017		Name of Employer Date (month, day, year) 8-31-89	Amount of Each Receipt this Period 938.31
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	INKIND
		Aggregate Year-to-Date > \$ 938.31	
E. Full Name, Mailing Address and ZIP Code Robert B. Steinberg 801 South Grand Avenue, 18th Floor Los Angeles, CA 90017		Name of Employer Rose, Klein & Marias Date (month, day, year) 8-31-89	Amount of Each Receipt this Period 938.31
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	INKIND
		Aggregate Year-to-Date > \$ 938.31	
F. Full Name, Mailing Address and ZIP Code Alan M. Leventhal 50 Rowes Wharf Boston, MA 02110		Name of Employer Beacon Companies Date (month, day, year) 12-27-89	Amount of Each Receipt this Period 625.80
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Managing Partner	INKIND
		Aggregate Year-to-Date > \$ 1,625.80	
G. Full Name, Mailing Address and ZIP Code Frederick W. Hong 1360 Rock Haven St. Monterey Park, CA 91754		Name of Employer Hill, Farrert & Burrill Date (month, day, year) 12-28-89	Amount of Each Receipt this Period 455.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	INKIND
		Aggregate Year-to-Date > \$ 955.00	

SUBTOTAL of Receipts This Page (optional)	5,594.92
TOTAL This Period (last page this line number only)	