

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 166 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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)
Friends of John Barrasso

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Mr. Gary Friedlaender | | Date of Receipt MM / DD / YYYY 02 / 12 / 2008 |
| Mailing Address 15 Old Still Road | | Transaction ID: SA28378 |
| City Woodbridge | State CT | Zip Code 06525 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Yale University | Occupation Professor | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Mr. Tom Garthright | | Date of Receipt MM / DD / YYYY 02 / 12 / 2008 |
| Mailing Address 17618 E Davies Ave | | Transaction ID: SA28377 |
| City Foxfield | State CO | Zip Code 80016 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2300.00 |
| Name of Employer Self | Occupation Sales | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2300.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Stewart Haskins | | Date of Receipt MM / DD / YYYY 02 / 12 / 2008 |
| Mailing Address 861 Denali Drive | | Transaction ID: SA28384 |
| City Conway | State SC | Zip Code 29526 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Coastal Orthopaedic Associates | Occupation Surgeon | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 3800.00 |
| TOTAL This Period (last page this line number only) | |

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