

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 700 (check only one)
	<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

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NAME OF COMMITTEE (In Full)
Kristi for Congress

A. Full Name (Last, First, Middle Initial) Thomas M. Gage Mailing Address 3004 S Coral Court City State Zip Code Sioux Falls SD 57103-4830 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1200.00	Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2010 Transaction ID: A-C3753 Amount of Each Receipt this Period 600.00
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B. Full Name (Last, First, Middle Initial) Thomas M. Gage Mailing Address 3004 S Coral Court City State Zip Code Sioux Falls SD 57103-4830 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1200.00	Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2010 Transaction ID: A-C3796 Amount of Each Receipt this Period 600.00
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C. Full Name (Last, First, Middle Initial) Pam Gaikowski Mailing Address 327 8th Street NE City State Zip Code Watertown SD 57201-2604 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2010 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2010 Transaction ID: A-C6188 Amount of Each Receipt this Period 50.00
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SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	0.00