

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 / 556
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Democratic Party of Wisconsin

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael L. Klein	Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address 1408 Rockcliff Rd	<b>Transaction ID:</b> 11ai-000168500
	City State Zip Code Austin TX 78746	Amount of Each Receipt this Period 533.80
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b>
Name of Employer Self employed	Occupation Independent Oil Producer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.80	

<b>B.</b>	Full Name (Last, First, Middle Initial) Phillippe Brugere-Trelat	Date of Receipt MM / DD / YYYY 09 / 01 / 2008
	Mailing Address 530 E. 76th Street, Apt 27K Apt 27 K	<b>Transaction ID:</b> 11ai-000168515
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 533.80
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b>
Name of Employer Mutual Shares	Occupation Investment Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.80	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cheryl Coon	Date of Receipt MM / DD / YYYY 09 / 27 / 2008
	Mailing Address 2939 NW 53rd Dr	<b>Transaction ID:</b> 11ai-000168723
	City State Zip Code Portland OR 97210	Amount of Each Receipt this Period 549.50
	FEC ID number of contributing federal political committee. <b>C</b>	<b>[MEMO ITEM]</b>
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	