SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends of Jim Oberstar C00187419

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Tracy R. Vance 3333 Country Club Lane Fort Madison, IA 52627 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Information Requested Occupation: Information Requested Aggregate Year-to-Date > $ $500.00	11/1/00	$500.00
Sarah K. Walls 801 Cherry St. 2100 Burnett Pl. Fort Worth, TX 76102 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Cantey & Hanger Occupation: Attorney Aggregate Year-to-Date > $ $250.00	11/4/00	$250.00
Richard N. Weeks 216 North Avenue East Cranford, NJ 07016 Receipt For: [ ] Primary [x] General [ ] Other (specify):	Chairman Occupation: Weeks Marine Aggregate Year-to-Date > $ $1,000.00	10/20/00	$1,000.00
Richard S. Weeks 216 North Avenue East Cranford, NJ 07016 Receipt For: [ ] Primary [x] General [ ] Other (specify):	President Occupation: Weeks Marine Aggregate Year-to-Date > $ $1,000.00	10/20/00	$1,000.00
Linda Hall Daschle 801 Pennsylvania Ave. NW Suite 800 Washington, DC 20004 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Name of Employer: Baker, Donelson, Berman & Caldwell * Refund Occupation: Senior Policy Advisor Aggregate Year-to-Date > $ $500.00	10/28/00	MEMO ($500.00)
Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $2,750.00

TOTAL This Period (last page this line number only) $9,750.00

FEC FORM 3P