

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
Independent Women's Voice

A. Full Name (Last, First, Middle Initial) Friess Foster			Date of Receipt	
Mailing Address P.O. Box 9790			M M / D D / Y Y Y Y 01 / 17 / 2010	
City	State	Zip Code	Transaction ID: F56.000001	
Jackson	WY	83002	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			87000.00	
C				
Name of Employer Friess Associates, Inc.		Occupation Investor		

10030213733

SUBTOTAL of Receipts This Page (optional)	87000.00
TOTAL This Period (last page carry total to Line 6)	87000.00