

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 71 / 347

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

Al Franken for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Cecile Farber</p> <p>Mailing Address 610 Waring Ave. Bx. N.Y.</p> <p>City State Zip Code New York NY 10467</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Receipt For: 2014  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="565.00"/></p>	<p>Date of Receipt  <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Transaction ID: C2953374</p> <p>Amount of Each Receipt this Period  <input type="text" value="20.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jennifer Feil</p> <p>Mailing Address 61 Rolling Acres Rd. Apt M</p> <p>City State Zip Code Mansfield PA 16933</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Receipt For: 2014  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="396.32"/></p>	<p>Date of Receipt  <input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2010"/></p> <p>Transaction ID: C2915375</p> <p>Amount of Each Receipt this Period  <input type="text" value="25.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Carl Feldman</p> <p>Mailing Address P. O. Box 580</p> <p>City State Zip Code Menlo Park CA 94026</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Receipt For: 2014  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <input type="text" value="500.00"/></p>	<p>Date of Receipt  <input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2010"/></p> <p>Transaction ID: C2916164</p> <p>Amount of Each Receipt this Period  <input type="text" value="500.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p><input type="text" value="545.00"/></p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p><input type="text"/></p>