

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Rod Grams for U.S. Senate

A. Full Name, Mailing Address and Zip Code Lyle Lynch 4940 204th St W Farmington, MN 55024-9434 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Northwest Airlines Occupation Retired Aggregate Year-to-Date -> 350.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and Zip Code Lyle Lynch 4940 204th St W Farmington, MN 55024-9434 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Northwest Airlines Occupation Retired Aggregate Year-to-Date -> 400.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and Zip Code W. Duncan MacMillan 15407 McGinty Road West Hopkins, MN 55343 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer (Requested) Occupation (Requested) Aggregate Year-to-Date -> 2,000.00	Date (month, day, year) 09/13/2000	Amount of Each Receipt this Period 2,000.00
D. Full Name, Mailing Address and Zip Code Whitney MacMillan 8320 Dellwood Rd Ct N Mahtomedi, MN 55115- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Retired Aggregate Year-to-Date -> 2,000.00	Date (month, day, year) 08/29/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code George Madany 7340 Lyndale Ave S Minneapolis, MN 55423- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer N/A Occupation Retired Aggregate Year-to-Date -> 300.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and Zip Code Thomas Mairs 894 S Highview Circle Mendota Heights, MN 55118-3686 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Retired Aggregate Year-to-Date -> 427.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and Zip Code Thomas Mairs 894 S Highview Circle Mendota Heights, MN 55118-3686 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Retired Aggregate Year-to-Date -> 577.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)

3,450.00

TOTAL This Period (last page this line number only)