

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11A1

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NAME OF COMMITTEE (In Full)

John Koster for Congress

Full Name, Mailing Address, and ZIP Code Leslie Oostarwyk 919 128th St SW Everett WA 98204	Name of Employer Puget Park Chiropractic	Date (month, day, year) 10/18/1999	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Leslie Oostarwyk 919 128th St SW Everett WA 98204	Name of Employer Puget Park Chiropractic	Date (month, day, year) 12/08/1999	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Wayne Ottam 331 Pioneer Hwy. East Arlington WA 98223	Name of Employer self	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Clarence Paul 14789 Riverbend Rd. Mt. Vernon WA 98273	Name of Employer Self/N.W. Hay Sales	Date (month, day, year) 07/01/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Paul Perkins PO Box 671 Gold bar WA 98251	Name of Employer	Date (month, day, year) 10/05/1999	Amount of Each Receipt this Period 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 225.00	
Full Name, Mailing Address, and ZIP Code Tami Peterson 6407 94th St. NE Marysville WA 98270	Name of Employer Crown Distributing	Date (month, day, year) 12/09/1999 Everett Event	Amount of Each Receipt this Period 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 235.00	
Full Name, Mailing Address, and ZIP Code Tami Peterson 6407 94th St. NE Marysville WA 98270	Name of Employer Crown Distributing	Date (month, day, year) 12/09/1999 Everett Event	Amount of Each Receipt this Period 110.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 235.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)