

SCHEDULE A

ITEMIZED RECEIPTS

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

27 / 80

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
John Koster for Congress

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| Full Name, Mailing Address, and ZIP Code Mr. Dick Montgomery 22823 Spruce Dr. Monroe WA 98272 | Name of Employer Integrity Services, Inc. Occupation Paint Contractor | Date (month, day, year) 10/31/2000 | Amount of Each Receipt this Period 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 330.00 | | |
| Full Name, Mailing Address, and ZIP Code Carls Moore 520 Meadow Rd Winnetka IL 60093 | Name of Employer Occupation Homemaker | Date (month, day, year) 11/13/2000 | Amount of Each Receipt this Period 400.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 400.00 | | |
| Full Name, Mailing Address, and ZIP Code Iris Morrow 5590 S. Woodard Rd Freeland WA 98249 | Name of Employer Occupation homemaker | Date (month, day, year) 10/27/2000 | Amount of Each Receipt this Period 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1500.00 | | |
| Full Name, Mailing Address, and ZIP Code Thomas Mueller MD 1515 Pacific Ave. Everett WA 98201 | Name of Employer Self Occupation Doctor | Date (month, day, year) 11/03/2000 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 750.00 | | |
| Full Name, Mailing Address, and ZIP Code Ronald Muhlenkamp 12300 Perry Highway Wexford PA 15090 | Name of Employer Muhlenkamp Co. Occupation President | Date (month, day, year) 10/20/2000 | Amount of Each Receipt this Period 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| Full Name, Mailing Address, and ZIP Code Audrey Mullen 3537 S Stafford Arlington VA 22206 | Name of Employer Advocacy Inc Occupation Requested | Date (month, day, year) 10/20/2000 | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00 | | |
| Full Name, Mailing Address, and ZIP Code John Nau III 3217 Del Monte Houston TX 77019 | Name of Employer Silver Eagle Distributors Occupation President | Date (month, day, year) 11/03/2000 | Amount of Each Receipt this Period 1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1000.00 | | |

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| SUBTOTALS of Receipts This Page (Optional) | |
| TOTALS This Period (last page this line number only) | |