

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be valid or used by any person for the purpose of collecting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Minnesota Democratic Farmer Labor Party			
A. Full Name, Mailing Address and Zip Code Thomas Brokaw PO Box 730 Wilmington, DE 19899- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Employed Occupation Investor Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Michael Ciresi 1247 Culligan Lane Mendota Heights, MN 55118- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Employed Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code John Cowles Jr 123 North 3rd Street #804 Minneapolis, MN 55401- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Publisher Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and Zip Code Frances J Davis 1512 Douglas Avenue Minneapolis, MN 55403- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Volunteer Occupation Volunteer Aggregate Year-to-Date -> 500.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Frannie Davis 1115 Elvey Street #219 Saint Paul, MN 55116- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired Aggregate Year-to-Date -> 200.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and Zip Code Mary Lee Dayton 510 Ferndale Rd W Wayzata, MN 55391-9626 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired Aggregate Year-to-Date -> 500.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Richard DeLeo 609 Waterman Circle Hopkins, MN 55343-8433 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired Aggregate Year-to-Date -> 300.00	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)	\$7,700.00
TOTAL this Period (last page this line number only)	