

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting 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) **Runbeck for Congress** c00325670

A. Full Name, Mailing Address and ZIP Code Hamilton, Jane 5 Polo Club Road Denver CO 80209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/13/2000	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Hanson, Dale 15707 Afton Hills Dr. S. Afton MN 55001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$250.00	Date (month, day, year) 9/24/2000	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Hartle, Allyson 1046 Prior Avenue South Saint Paul MN 55116 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Lockridge Grindal Occupation Lobbyist Aggregate Year-to-Date > \$350.00	Date (month, day, year) 8/24/2000	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Haselow, Robert 6408 Interlachen Blvd. Minneapolis MN 55436 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Minneapolis Radiation Oncology Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/4/2000	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Haselow, Robert 6408 Interlachen Blvd. Minneapolis MN 55436 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Minneapolis Radiation Oncology Occupation Physician Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/30/2000	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Hellervik, Lowell PO Box 168527 Irving TX 75018 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer PDI Inc. Occupation CBO Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 9/22/2000	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Handrickson, John 643 154th Ave. N.E. Anoka MN 55304 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$250.00	Date (month, day, year) 8/28/2000	Amount of Each Receipt this Period \$250.00

SUBTOTAL of Receipts This Page (optional)	\$3,750.00
TOTAL This Period (last page this line number only)	