

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
detailed monthly pagePAGE 1 OF 2
FOR LINE NUMBER
11(a)(1)

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)
Nancy Keenan For Montana

A. Full Name, Mailing Address and Zip Code Michael Liebelson 9215 Bridger Canyon Rd Bozeman, MT 59715-	Name of Employer Decon Holdings, LLC Occupation Manager	Date (month, day, year) 04/04/2002	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
B. Full Name, Mailing Address and Zip Code Tom Scott PO Box 30876 Billings, MT 59107-	Name of Employer First Interstate Bank Occupation Executive	Date (month, day, year) 03/10/2002	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 ->		
C. Full Name, Mailing Address and Zip Code Patricia Cobber 33 Hawk Dr PO Box 3425 Great Falls, MT 59403-	Name of Employer Self Occupation Attorney	Date (month, day, year) 03/15/2002	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code Lucy Bayton 531 Power St Helena, MT 59601-4115	Name of Employer Self Occupation Veterinarian	Date (month, day, year) 03/19/2002	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code Mark O'Keefe 531 Power St Helena, MT 59601-	Name of Employer State of Montana Occupation State Auditor	Date (month, day, year) 03/17/2002	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code J. J. Prill 194 Sussex St San Francisco, CA 94131-2935	Name of Employer Self Occupation Housewife	Date (month, day, year) 04/17/2002	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code Raymond Prill 194 Sussex St San Francisco, CA 94131-	Name of Employer Gordon-Prill Drapes Occupation President	Date (month, day, year) 04/17/2002	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)