

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 MAX MAH NO WI NO MIN LI

FEC ID No. C00279133

A. Full Name, Mailing Address and ZIP Code SCOTT & ELAINE JENSEN ROUTE 1, BOX 353 HINCKLEY, MN 55037	Name of Employer JENSEN SACKICE SERVICE	Date (month, day, year) 02/09/94	Amount of Each Receipt this Period 250.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DINNER Receipt for: \$ 250.00	
B. Full Name, Mailing Address and ZIP Code ROBERT E. GOFF COLEMAN & CHRISTESON PROF BL 545 FORT ROAD ST. PAUL, MN 55102	Name of Employer GOFF-WILKE	Date (month, day, year) 02/18/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER P.R. Receipt for: \$ 500.00	
C. Full Name, Mailing Address and ZIP Code MR. & MRS. DENNIS PINZ 1515 - 410TH STREET ISLE, MN 56342	Name of Employer PINZ SOD & GRAVEL	Date (month, day, year) 01/18/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNERS Receipt for: \$ 500.00	
D. Full Name, Mailing Address and ZIP Code BRIAN R. HANSON & JEAN L. KREGER 4779 LAKE AVENUE NORTH WHITE BEAR LAKE, MN 55110	Name of Employer	Date (month, day, year) 02/23/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Receipt for: \$ 500.00	
E. Full Name, Mailing Address and ZIP Code CLAYTON P. QUAST 13991 COUNTY ROAD 26, S.E. BRAINERD, MN 56401	Name of Employer CLAY'S ELECTRIC	Date (month, day, year) 02/23/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER Receipt for: \$ 500.00	
F. Full Name, Mailing Address and ZIP Code STEINRECHER PAINTING 34725 AURIE STREET N.W. PRINCETON, MN 55371	Name of Employer NA	Date (month, day, year) 02/24/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NA Receipt for: \$ 500.00	
G. Full Name, Mailing Address and ZIP Code VANCE K. OPPERMAN 610 OPPERMAN DRIVE P.O. BOX 64526 ST. PAUL, MN 55164-0526	Name of Employer WEST PUBLISHING COMPANY	Date (month, day, year) 01/24/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT Receipt for: \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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