

SCHEDULE A. Receipts--This Reporting Period (continued)

9. Individual Contributors of \$35 or More

REQUIRED: full name, complete mailing address, occupation, employer, and one name only for each contribution

Name Address City State Zip Code	Occupation Employer	In-Kind Description and Amount		Cash/Check		Total to Date	
		PRIMARY	GENERAL	PRIMARY	GENERAL	PRIMARY	GENERAL
Bernard Lea 172 90 Vista Drive Billings MT 59102	Retired	\$0.00		\$0.00	\$20.00	\$40.00	\$20.00
Bernice Nyhakken Herman 162 P.O. Box 257 Nashua MT 59248	Retired	\$0.00		\$0.00	\$50.00	\$100.00	\$50.00
Bernice Jacobsen 10811 615 Box Elder St Plentywood MT 59254	Retired	\$0.00		\$0.00	\$20.00	\$25.00	\$20.00
Bernt Ward 1466 602 Williams Ave Plentywood MT 59254	Farmer	\$0.00		\$0.00	\$50.00	\$50.00	\$50.00
Betty Cerovski 2731 132 13th Ave. S Lewistown MT 59457	retired	\$0.00		\$25.00	\$0.00	\$25.00	\$0.00

TOTAL RECEIPTS THIS PAGE

\$0.00 \$0.00 \$25.00 \$140.00

TOTAL RECEIPTS THIS REPORTING PERIOD

\$4,400.00 \$0.00 \$57,690.00 \$82,341.06

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED