

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons Other Than Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER **11(a)(i)**

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NAME OF COMMITTEE (In Full)

BERG SERVICE FOR CONGRESS

C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NASH H. NAAM, M.D. 806 DARK MILLS EFFINGHAM, IL 62401	SELF EMPLOYED	12/31/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$1000	
RANDALL F. OTTE 2744 WOODBINE EVANSTON, IL 60201	PAINE WEBBER	12/31/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FINANCIAL ANALYST	Aggregate Year-to-Date > \$500	
JOSEPH V. MONITTO 16 HILL AND TREE COURT MELVILLE, NY 11747	PAINE WEBBER	12/31/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER	Aggregate Year-to-Date > \$250	
TIMOTHY D. CHURCH 802 FOM DU LAC DR. E. PEORIA, IL 61611	STATE FARM INS. Co.	12/31/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	\$26740.00