

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11(a)(i)

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)
Boswell for Congress Committee C00316661

A. Full Name, Mailing Address and ZIP Code Dr. David Funk 327 Highland Drive Iowa City, IA 52246-1603 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	4/4/97	
B. Full Name, Mailing Address and ZIP Code Thomas Wolf 621 1/2 7th Street Ft. Madison, IA 52627 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	4/4/97	
C. Full Name, Mailing Address and ZIP Code David Palmer 213 SW Flynn Drive Ankeny, IA 50021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	4/1/97	
D. Full Name, Mailing Address and ZIP Code Barbara Leach 610 Constitution Avenue, NE Washington, DC 20002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	4/2/97	
E. Full Name, Mailing Address and ZIP Code Mark Dickey 9130 Tanglewood Drive Urbandale, IA 50322 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	4/1/97	
F. Full Name, Mailing Address and ZIP Code Brent Appel 1087 180th Avenue Ackworth, IA 50001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	4/4/97	
G. Full Name, Mailing Address and ZIP Code Thomas McAndrews RR 1 Box 46A Clarinda, IA 51632 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5/20/97	

SUBTOTAL of Receipts This Page (optional)	\$2,050.00
TOTAL This Period (last page this line number only)	