

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Phelps For Congress

Full Name, Mailing Address, and ZIP Code Felicity I. Nitz 5871 Riverdale Bronx NY 10471	Name of Employer [Blank]	Date (month, day, year) 03/31/1998	Amount of Each Receipt this Period 150.00
	Occupation [Blank]		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code John C. Rogers 2314 Kimbro St. Alexandria VA 22307	Name of Employer Self Employed	Date (month, day, year) 03/31/1998	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Jim Messina 2814 Ashford Lane #9 Madison WI 53713	Name of Employer Phelps for Congress	Date (month, day, year) 03/31/1998	Amount of Each Receipt this Period 201.17 In-kind Contribution for expenses incurred for fundraiser
	Occupation Campaign Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 201.17		
Full Name, Mailing Address, and ZIP Code Prem Shunmugavelu 255 Langdon #513 Madison WI 53713	Name of Employer [Blank]	Date (month, day, year) 03/31/1998	Amount of Each Receipt this Period 143.00 In-kind contribution for office supplies
	Occupation [Blank]		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 143.00		
Full Name, Mailing Address, and ZIP Code Gary Harrop 421 Willow St. Arena WI 53503	Name of Employer Peoples State Bank	Date (month, day, year) 03/31/1998	Amount of Each Receipt this Period 250.00
	Occupation President		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Alliance of Bankers for Wisconsin P.O. Box 1667 Madison WI 53701	Name of Employer [Blank]	Date (month, day, year) 03/31/1998	Amount of Each Receipt this Period 250.00 Above Contribution received through Alliance of Bankers for Wisconsin
	Occupation [Blank]		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 0.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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