

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals/Persons

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)

Dave Camp for Congress '98

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Anita Samardich 739 Stinson Cadillac, MI 49801 | None | 11-07-97 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Homemaker | Aggregate Year-to-Date > \$ 500.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Indira R. Saxena 1016 Pineview Court Alma, MI 48801 | Self-Employed | 10-31-97 | 150.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Physician | Aggregate Year-to-Date > \$ 275.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Elliott M. Seiden 9823 Bristol Square Lane Bethesda, MD 20814 | Northwest Airlines | 10-31-97 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | Aggregate Year-to-Date > \$ 250.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dianne J. Servinski 3200 Hubbard Road Midland, MI 48642 | Servinski Sod Service | 10-28-97 | 100.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Landscape Contractor | Aggregate Year-to-Date > \$ 235.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert L. Snyder 2387 Deer Valley Road Midland, MI 48642 | Mid-Michigan Anesthesiology, P.C. | 10-29-97 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Physician | Aggregate Year-to-Date > \$ 350.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Louise Spicer 126 Wooden Key Houghton Lake, MI 48629 | Spicer's Boat City | 10-29-97 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Sales | Aggregate Year-to-Date > \$ 250.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert D. Stanton 115 Ives Street Big Rapids, MI 49307 | Robert D. Stanton, P.C. | 09-04-97 | 300.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | Aggregate Year-to-Date > \$ 300.00 | |

GUSTOTAL of Receipts This Page (optional)

\$1,550.00

TOTAL This Period (last page this line number only)