

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule PAGE OF
for each category of the 6 9
Detailed Summary Page
FOR LINE NUMBER
11ai

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NAME OF COMMITTEE (in Full)
Iowa Senate 2002

FEC ID No. CDD365486

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gustav C. Nelson 1141 Cummins Circle Des Moines, IA 50311		6/5/01	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggreg. Yr-To-Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Scott Peters 241 East Graham Avenue Council Bluffs, IA 51503	Name of Employer Self-Employed	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggreg. Yr-To-Date \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code John L. Riccolo 425 Second Street, SE Cedar Rapids, IA 52401	Name of Employer Riccolo & Baker	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggreg. Yr-To-Date \$ 2000.00	
D. Full Name, Mailing Address and ZIP Code Nancy E. Riley 5300 Lakeside Road Marion, IA 52302	Name of Employer	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggreg. Yr-To-Date \$ 2000.00	
E. Full Name, Mailing Address and ZIP Code Tom Slater 200 10th Street, 5th FL Des Moines, IA 50309	Name of Employer State Public Policy Group	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggreg. Yr-To-Date \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Julianne H. Thomas, MD 4749 Mount Vernon Road, SE Cedar Rapids, IA 52403-3941	Name of Employer Pediatric Center, PC	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 8000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pediatrician	Aggreg. Yr-To-Date \$ 8000.00	
G. Full Name, Mailing Address and ZIP Code Thomas M. Wertz 228 Lincoln Heights Drive, SE Cedar Rapids, IA 52403	Name of Employer Wertz & Leehay	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggreg. Yr-To-Date \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) 15300.00

TOTAL This Period (last page this line number only)