

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 12</b>
			FOR LINE NUMBER <b>11A</b>

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**NAME OF COMMITTEE (In Full)**  
**Rob Tully for Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> Mary Pamela Jochum 2368 Jackson St.  Dubuque IA 52001	Name of Employer State of Iowa  Occupation State Representative	Date (month, day, year) 10/05/1998	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 274.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Timothy Semelroth 1544 5th St.  Coralville IA 52241	Name of Employer Information Requested  Occupation	Date (month, day, year) 10/05/1998	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> James Lindsay 600 Farnon Place  Dubuque IA 52001	Name of Employer University of Dubuque  Occupation Professor	Date (month, day, year) 10/07/1998	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 270.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Carroll 608 60th Place  Des Moines IA 50312	Name of Employer Coppola, Sundre & McCarville  Occupation Attorney	Date (month, day, year) 10/07/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mary Robert 34 Country Life Acres  St. Louis MO 63131	Name of Employer Information Requested  Occupation	Date (month, day, year) 10/08/1998	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Melodee Hanes 4549 Palisades Park Drive  Billings MT 59106	Name of Employer Self  Occupation Attorney	Date (month, day, year) 10/06/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Sheldon Galner 1502 S. 84th St.  Omaha NE 68124	Name of Employer Galner Law Firm  Occupation Attorney	Date (month, day, year) 10/09/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	