

SCHEDULE A		ITEMIZED RECEIPTS		22 / 52
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A	
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NAME OF COMMITTEE (In Full) Rob Tully for Congress				
Full Name, Mailing Address, and ZIP Code Roxanne Conlin Plaza Suite 5, 300 Walnut St. Des Moines IA 50309	Name of Employer Self	Date (month, day, year) 09/25/1998	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Thomas L. Flynn E. 12th Street Ext. Dubuque IA 52001	Name of Employer Flynn Ready-Mix	Date (month, day, year) 09/25/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Owner	Aggregate Year-to-Date > \$ 750.00		
Full Name, Mailing Address, and ZIP Code Edward Gallagher, Jr. 800 Prospect Blvd. Waterloo IA 50701	Name of Employer Gallagher, Langless & Gallagher, PC	Date (month, day, year) 09/28/1998	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Thomas Wertz 228 Lincoln Heights Drive SE Cedar Rapids IA 52405	Name of Employer Self	Date (month, day, year) 09/28/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Samuel Braland PO Box 254 Earham IA 50072	Name of Employer Peer, Nelson & Braland	Date (month, day, year) 09/28/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dean Nelson PO Box 359 Earham IA 50072	Name of Employer Peer, Nelson & Braland	Date (month, day, year) 09/28/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Steve Hamilton PO Box 188 Storm Lake IA 50588	Name of Employer Hamilton Law Firm	Date (month, day, year) 09/28/1998	Amount of Each Receipt this Period 150.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 400.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				