

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category as the detailed primary page

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NAME OF COMMITTEE (In Full)
Ganske for Senate

<p>A. Full Name, Mailing Address and Zip Code Norman Leaf 436 N Bedford Drive Beverly Hills, CA 90210-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/10/2001</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Richard Wells 3525 Grand Ave #808 Des Moines, IA 50312-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 04/26/2001</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Richard Wells 3525 Grand Ave #808 Des Moines, IA 50312-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/20/2001</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Sandra Wilson 10985 Lincoln Avenue Clive, IA 50325-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer West Des Moines School Dist.</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 06/19/2001</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Joseph Blakar 2510 E Dupont Rd Suite 226 Fort Wayne, IN 46825-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/30/2001</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Carole Frier 1636 38th Street Des Moines, IA 50310-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 03/09/2001</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code James Connell 3652 Inverness Drive Waterloo, IA 50701-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> 100.00</p>	<p>Date (month, day, year) 04/18/2001</p>	<p>Amount of Each Receipt this Period 100.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3,100.00</p>
<p>TOTAL This Period (last page this line number only)</p>	