

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Becky Greenwald for Congress

A.	Full Name (Last, First, Middle Initial) Loretta Sieman		Date of Receipt
	Mailing Address 4710 Mills Civic Pkwy #303		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code West Des Moines IA 50265		<input type="text"/> 0 4 / <input type="text"/> 0 9 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: C1171010
	Name of Employer Business Publications Corporation		Amount of Each Receipt this Period
Occupation Vice President		<input type="text"/> 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text"/> 250.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

B.	Full Name (Last, First, Middle Initial) Lois Skinner		Date of Receipt
	Mailing Address PO Box 367 204 8th Street SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Altoona IA 50009-0367		<input type="text"/> 0 4 / <input type="text"/> 2 1 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: C1291668
	Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		<input type="text"/> 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text"/> 1000.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

C.	Full Name (Last, First, Middle Initial) Selden Spencer		Date of Receipt
	Mailing Address 823 Ashwood Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Huxley IA 50124-9316		<input type="text"/> 0 4 / <input type="text"/> 2 6 / <input type="text"/> 2 0 0 8
	FEC ID number of contributing federal political committee. C		Transaction ID: C1300517
	Name of Employer McFarland Clinic		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text"/> 250.00	
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>