

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 34
			FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)
Rob Tully for Congress

Full Name, Mailing Address, and ZIP Code Martin Edelman 61 Broadway, Suite 3010 New York NY 10006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Edelman & Edelman, PC Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/19/1998	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Michael W. Manners 19004 E. 31st Terrace Court S. Independence MO 64057-3317 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Welch Martin Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/20/1998	Amount of Each Receipt this Period 400.00
Full Name, Mailing Address, and ZIP Code Michael W. Manners 19004 E. 31st Terrace Court S. Independence MO 64057-3317 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Welch Martin Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/20/1998	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Jill Mulholland 833 Northwood Avenue Ft. Dodge IA 50501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Unemployed Occupation Nurse Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/20/1998	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Tilo Trevino PO Box 1690 Ft. Dodge IA 50501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Trevino Law Firm Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/20/1998	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code William W. Graham 105 Foster Drive Des Moines IA 50312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Graham Law Firm Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/20/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Joseph Bauer 935 Woodleigh Cove Oakland MO 63122-4805 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bauer & Baebler Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/20/1998	Amount of Each Receipt this Period 500.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			