

SCHEDULE A		ITEMIZED RECEIPTS		10 / 34
		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 William R. Steben 1201 Southview Drive Hastings MN 55033	Name of Employer Schwebel, Goetz, Steben & Moskal, PA	Date (month, day, year) 06/02/1998	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Thomas Logan 217 28th St. Des Moines IA 50312	Name of Employer Hopkins & Huebner, PC	Date (month, day, year) 06/02/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code George A. Tyree PO Box 285 Blue Springs MO 64015	Name of Employer Tyree, Eskew & Roberts	Date (month, day, year) 06/02/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Gregory Robert Brown 5500 Harwood Des Moines IA 50312	Name of Employer Duncan, Green, Brown, et al	Date (month, day, year) 06/02/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code David Blackman 4109 Walnut St. West Des Moines IA 50265	Name of Employer Principal Financial Group	Date (month, day, year) 06/02/1998	Amount of Each Receipt this Period 300.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Joseph S. Donnelly 16200 Foxcross Drive Granger IN 46530	Name of Employer Self	Date (month, day, year) 06/02/1998	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Business Owner/Attorney	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Brian Davis 4517 Emmitt Drive Raleigh NC 27604	Name of Employer Self	Date (month, day, year) 06/02/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				