

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(d)

CONTRIBUTIONS FROM THE CANDIDATE

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NAME OF COMMITTEE (In Full)

BERG SERVICE FOR CONGRESS

C00326934

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JERRY BERG R.R. #1, BOX 103 C, CHRIS DRIVE OREANA, IL 62554 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAINWEBBER, INC. Occupation: BANKER Aggregate Year-to-Date > \$	3-19-97 3-19-97	\$19.12 IN-KIND (OFFICE SUPPLIES) \$80.52 IN-KIND (OFFICE SUPPLIES)
B. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE) Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	3-24-97 4-5-97	\$21.25 IN-KIND (OFFICE SUPPLIES) \$121.63 IN-KIND (OFFICE SUPPLIES)
C. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE) Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	4-25-97 5-6-97	\$143.63 IN-KIND (OFFICE SUPPLIES) \$11.66 IN-KIND (OFFICE SUPPLIES)
D. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE) Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	5-11-97 5-15-97	\$48.50 IN-KIND (OFFICE SUPPLIES) \$2.91 IN-KIND (OFFICE SUPPLIES)
E. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE) Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	5-15-97 5-19-97	\$0.85 IN-KIND (OFFICE SUPPLIES) \$6.37 IN-KIND (OFFICE SUPPLIES)
F. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE) Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	5-25-97 6-2-97	\$10.93 IN-KIND (OFFICE SUPPLIES) \$7.42 IN-KIND (OFFICE SUPPLIES)
G. Full Name, Mailing Address and ZIP Code (SAME AS ABOVE) Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	5-6-97 3-10-97	\$256.00 IN-KIND (POSTAGE) \$19.20 IN-KIND (POSTAGE)
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>\$ 749.99</b>
<b>TOTAL This Period (last page this line number only)</b>			