

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Republican Party of Wisconsin-Federal Account

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael W. Grabe 8205 N Range Line Road Milwaukee, WI 53209	Foley & Lardner	05/16/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick D. Unbehaun 425 North Lane Richland Center, WI 53581	Pratt Funeral Srv.	05/16/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Funeral Dir		Aggregate Year-to-Date > \$ 250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice J. Reese 713 Lakewood Boulevard Madison, WI 53704		05/09/97 05/09/97 05/14/97	60.00 60.00 85.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 205.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Menn 1420 Riverview Ln. Appleton, WI 54911	Menn, Nelson, Sharatt	06/27/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Milton E. Neshek PO Box 260 11N Wis Street Elkhorn, WI 53121	Godfrey, Neshek & Wort	05/27/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruno J. Mauer W330 S3667 Honeysuckle Dr Dousman, WI 53118	Rickert Industries	05/21/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Management		Aggregate Year-to-Date > \$ 250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Sensenbrenner Jr. 909 E. Forest Ave Box 67 Neenah, WI 54956		04/18/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)