

SCHEDULE A

ITEMIZED RECEIPTS

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

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FORM LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Rob Tully for Congress C00329789

A. Full Name, Mailing Address and ZIP Code David Brown 803 Fleming Building Des Moines, IA 50309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 9/26/97	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date \$ 1000		
B. Full Name, Mailing Address and ZIP Code Theodore Duffield 729 Insurance Exchange Building Des Moines, IA 50309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Patterson Law Firm	Date (month, day, year) 9/26/97	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date \$ 250		
C. Full Name, Mailing Address and ZIP Code William Fanter 3410 SW 24th Des Moines, IA 50321 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bradshaw Law Firm	Date (month, day, year) 9/26/97 10/20/97	Amount of Each Receipt this Period \$100.00 \$150.00
	Occupation Attorney Aggregate Year-to-Date \$ 250		
D. Full Name, Mailing Address and ZIP Code Max Schott 6959 University Avenue Des Moines, IA 50311 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 9/26/97	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date \$ 250		
E. Full Name, Mailing Address and ZIP Code Mark Wiedenfeld 8400 Hickman Road Des Moines, IA 50325-4320 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Wiedenfeld Law Office	Date (month, day, year) 9/26/97	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date \$ 250		
F. Full Name, Mailing Address and ZIP Code Richard Calkins 13002 NW 29th Drive Des Moines, IA 50325 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Calkins Law Firm	Date (month, day, year) 9/26/97	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date \$ 250		
G. Full Name, Mailing Address and ZIP Code David Charles 2000 Financial Center Des Moines, IA 50309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Belin Law Firm	Date (month, day, year) 9/26/97	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date \$ 250		
SUBTOTAL of Receipts This Page (optional)			\$2,500.00
TOTAL This Period (last page this line number only)			