

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR 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 Michael Tully 6037 Queenston Springfield, VA 22152 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Inspector General /Department of Defense Occupation Auditor Aggregate Year-to-Date \$ 250	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Thomas Wertz 228 Lincoln Heights Drive SE Cedar Rapids, IA 52403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Attorney Aggregate Year-to-Date \$ 1000	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Michael Ferrara, Jr. 25 Country Club lane Marlton, NJ 08053 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Attorney Aggregate Year-to-Date \$ 1000	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code Tom Slater 200 10th Street, 5th Floor Des Moines, IA 50309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self/State Public Policy Group Occupation Owner Aggregate Year-to-Date \$ 500	Date (month, day, year) 12/29/97	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Laurie Zaiger 3220 Blue Ridge Drive, NE Cedar Rapids, IA 52402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Aggregate Year-to-Date \$ 250	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Sidney Gilreath 550 Main Avenue PO Box 1270 Knoxville, TN 37901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Gilreath & Associates Occupation Attorney Aggregate Year-to-Date \$ 1000	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code John Gelson, Jr. 801 Orchard Avenue Pt. Pleasant, NJ 08742 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Attorney Aggregate Year-to-Date \$ 500	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period \$500.00
SUBTOTAL of Receipts This Page (optional)			\$4,500.00
TOTAL This Period (last page this line number only)			