

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the itemized receipts page

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NAME OF COMMITTEE (In Full)
West for Congress

Full Name, Mailing Address and Zip Code Ronald Feutz 371D Brookwood Ln Wisconsin Rapids, WI 54494- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Air Communications Occupation Owner	Date (month, day, year) 09/06/98	Amount of Each Receipt this Period \$200.00 Aggregate Year-to-Date -> \$200.00
Full Name, Mailing Address and Zip Code Richard Brazeau P.O. Box 639 Wisconsin Rapids, WI 54494- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 09/04/98	Amount of Each Receipt this Period \$100.00 Aggregate Year-to-Date -> \$100.00
Full Name, Mailing Address and Zip Code Dixie Reisbeck 110 5th St. N Wisconsin Rapids, WI 54494- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 09/02/98	Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
Full Name, Mailing Address and Zip Code LeRoy Englehardt 444 Two Mile Ave Wisconsin Rapids, WI 54494- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period \$50.00 Aggregate Year-to-Date -> \$50.00
Full Name, Mailing Address and Zip Code Elgin Gunderson 7534 N. Chief Lake Rd Wisconsin Rapids, WI 54494- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 08/29/98	Amount of Each Receipt this Period \$100.00 Aggregate Year-to-Date -> \$100.00
Full Name, Mailing Address and Zip Code Michael Mehr 351 Madison St Wisconsin Rapids, WI 54494- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Doctor	Date (month, day, year) 08/31/98	Amount of Each Receipt this Period \$50.00 Aggregate Year-to-Date -> \$50.00

SUBTOTAL of Receipts This Page (optional)	\$750.00
TOTAL This Period (last page this line number only)	