

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Ganske for Senate

|  |   |  |   |
|--|---|--|---|
| <b>A. Full Name, Mailing Address and Zip Code</b><br>William Wickemeyer<br>3112 Jordan Grove<br>West Des Moines, IA 50265-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Doctor<br><b>Aggregate Year-to-Date -&gt;</b> 1,000.00                      | <b>Date (month, day, year)</b><br>08/09/2001 | <b>Amount of Each Receipt this Period</b><br>1,000.00 |
| <b>B. Full Name, Mailing Address and Zip Code</b><br>Rita Leavey<br>15739 - 310th Street<br>Mason City, IA 50401-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date -&gt;</b> 750.00                     | <b>Date (month, day, year)</b><br>10/25/2001 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>C. Full Name, Mailing Address and Zip Code</b><br>Mrs. Dwain Wilcox<br>1 W. 29th Street<br>Atlantic, IA 50022-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | <b>Name of Employer</b><br>Retired<br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date -&gt;</b> 400.00                    | <b>Date (month, day, year)</b><br>11/02/2001 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>D. Full Name, Mailing Address and Zip Code</b><br>Robert Knox<br>2880 Grand Avenue, #405<br>Des Moines, IA 50312-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | <b>Name of Employer</b><br>Retired<br><b>Occupation</b><br>Doctor<br><b>Aggregate Year-to-Date -&gt;</b> 250.00                     | <b>Date (month, day, year)</b><br>10/18/2001 | <b>Amount of Each Receipt this Period</b><br>250.00   |
| <b>E. Full Name, Mailing Address and Zip Code</b><br>Austin Mehrhof<br>1508 Grove Ave.<br>Richmond, VA 23220-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Medical College of Virginia<br><b>Occupation</b><br>Doctor<br><b>Aggregate Year-to-Date -&gt;</b> 200.00 | <b>Date (month, day, year)</b><br>07/09/2001 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>F. Full Name, Mailing Address and Zip Code</b><br>Austin Mehrhof<br>1508 Grove Ave.<br>Richmond, VA 23220-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | <b>Name of Employer</b><br>Medical College of Virginia<br><b>Occupation</b><br>Doctor<br><b>Aggregate Year-to-Date -&gt;</b> 300.00 | <b>Date (month, day, year)</b><br>12/31/2001 | <b>Amount of Each Receipt this Period</b><br>100.00   |
| <b>G. Full Name, Mailing Address and zip Code</b><br>Barbara Rockett<br>95 Jordan Road<br>Brookline, MA 02146-<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Doctor<br><b>Aggregate Year-to-Date -&gt;</b> 700.00                        | <b>Date (month, day, year)</b><br>11/28/2001 | <b>Amount of Each Receipt this Period</b><br>500.00   |

**SUBTOTAL** of Receipts This Page (optional)

\$2,450.00

**TOTAL** This Period (last page this line number only)