

Itemized  
SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Bob Shriver for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. J. Stiphan P.O. Box 823 Pawtucket, MI 49449	Harbor Design & Construction	10/26/98	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Designer/Architect	Aggregate Year-to-Date: \$ 400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary A. Benjamin 5024 Acoery St. Detroit, MI 48208	Gary A Benjamin P.C.	10/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Attorney	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
Michael R. Dunn 5617 Caitlin Ct. Tracy, MI 48098	Michael Dunn's Associates	10/26/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Lawyer	Aggregate Year-to-Date: \$ 4,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret L. Kazanoff P.O. Box 437 Pawtucket, MI 49449			100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Retired	Aggregate Year-to-Date: \$ 593.30
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret L. Kazanoff P.O. Box 427 Pawtucket, MI 49449		1/2/98	88.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Retired	Aggregate Year-to-Date: \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
			In Kind Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation:	Aggregate Year-to-Date: \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation:	Aggregate Year-to-Date: \$

TOTAL of Receipts This Page (optional) 1138.96

All This Period (last page this line number only) 4923.96