

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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

<b>Full Name, Mailing Address, and ZIP Code</b> Patricia Heidenreich PO Box 37  Marquette IA 52158-0037	<b>Name of Employer</b>  <b>Occupation</b> Homemaker/Volunteer	<b>Date (month, day, year)</b> 01/02/1998	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> William Heidenreich PO Box 37  Marquette IA 52158-0037	<b>Name of Employer</b>  <b>Occupation</b> Retired	<b>Date (month, day, year)</b> 01/02/1998	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rob Tully 3560 Pennsylvania Avenue, #10  Dubuque IA 52002	<b>Name of Employer</b> Galligan, Tully, Doyle & Reid PC  <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 01/05/1998  In-Kind	<b>Amount of Each Receipt this Period</b> 364.25 Magnetic logo signs
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 755.63		
<b>Full Name, Mailing Address, and ZIP Code</b> Rob Tully 3560 Pennsylvania Avenue, #10  Dubuque IA 52002	<b>Name of Employer</b> Galligan, Tully, Doyle & Reid PC  <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 01/15/1998	<b>Amount of Each Receipt this Period</b> 391.38 In-Kind lapel pins
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 755.63		
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Esther F. Santillo 620 English Lane  Dubuque IA 52001	<b>Name of Employer</b>  <b>Occupation</b> Retired	<b>Date (month, day, year)</b> 01/17/1998	<b>Amount of Each Receipt this Period</b> 50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. S. Randy Winston 9860 Carpenter Avenue  Clive IA 50325-6411	<b>Name of Employer</b> The Iowa Clinic  <b>Occupation</b> Physician	<b>Date (month, day, year)</b> 01/17/1998	<b>Amount of Each Receipt this Period</b> 260.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Robert A. Nading, II 408 SW Third Avenue  Ankeny IA 50021	<b>Name of Employer</b> Nading Law Firm  <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 01/19/1998	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 500.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....