

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER C11(CX1)

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NAME OF COMMITTEE (in Full)

STRUB FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--------------------------------------|-------------------------------------|------------------------------------|
| MR. RICHARD ROUILARD 2200 BEECH KNOLL Rd. LOS ANGELES, CA. 90046 | THE ADVOCATE | 8/3/90 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation EDITOR | Aggregate Year-to-Date > \$1,000.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MR. ROBERT M. SERTNER 1827 NICHOLS CANYON Rd. LOS ANGELES, CA. 90046 | SELF | 8/3/90 | 1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation FILM PRODUCER | Aggregate Year-to-Date > \$1,000.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MR. JEFFREY B. SOREF 170 E. 78 STREET # 2A N.Y. N.Y. 10021 | SOREF + ASSOC | 8/14/90 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PUBLIC RELATIONS | Aggregate Year-to-Date > \$500.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MR. STEPHEN L. SPIER 888 8th AVE. # 17K NEW YORK NY 10019 | CHARLES YOUNG | 7/9/90 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation ARCHITECT | 8/3/90 | 100.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MR. ROBERT J. STARS H&K MD 7720 NORTH MERRIE LANE MILWAUKEE WI 53217 | PEDIATRIC RADIOLOGY SERVICE | 7/26/90 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PHYSICIAN | Aggregate Year-to-Date > \$250.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MR. CARL F. STRUB JR. 205 BLACK SPRINGS CIRCLE LOWA CITY, IA. 52240 | MIDWEST Product Supply | 7/6/90 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation PROPANE GAS Wholesaler | Aggregate Year-to-Date > \$500.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MR. SWEN SWENSON 1366 ANGELO DRIVE BEVERLY HILLS, CA. 90210 | INFO REQUESTED | 7/5/90 | 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation INFO REQUESTED | 8/9/90 | 500.00 |
| Aggregate Year-to-Date > \$550.00 | | | |

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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