

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 208

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth Hight Angelici

Mailing Address 1827 Maxwell Ave

City State Zip Code  
Ames IA 50010-5539

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2008

**Transaction ID:** C1301045

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Gwenna Appel

Mailing Address 4395 460th St

City State Zip Code  
Curlw IA 50527-8516

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2008

**Transaction ID:** C1296152

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Aten

Mailing Address 5904 Dakota Dr

City State Zip Code  
West Des Moines IA 50266-6363

FEC ID number of contributing federal political committee. C

Name of Employer Mercy Medical Center Occupation Health Care Administrator

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2008

**Transaction ID:** C1309199

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1200.00

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