

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 42</b>
			FOR LINE NUMBER <b>11A</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Dorothy Dahn 712 Arden St.  Boone IA 50036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self  Occupation Attorney  Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/19/1998	Amount of Each Receipt this Period 350.00
<b>Full Name, Mailing Address, and ZIP Code</b> Walter Nyberg 5054 31st Avenue S.  Minneapolis MN 55417  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer   Occupation Retired  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/19/1998 Earmarked through the PeacePac	Amount of Each Receipt this Period 300.00
<b>Full Name, Mailing Address, and ZIP Code</b> John Elliott Union Meeting Corp. Center V 925 Harvest Drive Blue Bell PA 19422  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Elliott, Rehner, Stedzkowski & Egan  Occupation Attorney  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/19/1998	Amount of Each Receipt this Period 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Paul Minor PO Drawer 1388  Biloxi MS 39533-1388  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self  Occupation Attorney  Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 10/19/1998	Amount of Each Receipt this Period 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Darlene Boswell RR 1 Box 130  Davis City IA 50065  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Lamoni School District  Occupation Teacher  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 10/19/1998	Amount of Each Receipt this Period 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Lowell Junkins 321 E. 8th, Suite 200  Des Moines IA 50309  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Lowell Junkins & Associates  Occupation President  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/19/1998	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Kirke Quinn 808 8th St.  Boone IA 50036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Quinn, Doran & Anderson  Occupation Attorney  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/19/1998	Amount of Each Receipt this Period 250.00

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

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