

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>12 / 42</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Rob Tully for Congress</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> David Garst 408 Main St.  Coon Rapids IA 50058	Name of Employer  Occupation Retired	Date (month, day, year) 10/26/1998	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Steven Crowley 10524 Oak Ridge Road  Burlington IA 52801	Name of Employer Self  Occupation Attorney	Date (month, day, year) 10/26/1998	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Reilly 215 S. Main St., Box 1016  Council Bluffs IA 51502	Name of Employer Self  Occupation Attorney	Date (month, day, year) 10/26/1998	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Gary Shacid 10108 N. Garden Lane  Peoria IL 61615	Name of Employer Self  Occupation CPA	Date (month, day, year) 10/26/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Gordon Ambach 2715 31st Place NW  Washington DC 20008	Name of Employer Council of Chief State School Officers  Occupation Education Administrator	Date (month, day, year) 10/26/1998	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Elliot Stein, Jr. 52 E. 68th St.  New York NY 10021	Name of Employer Information Requested  Occupation	Date (month, day, year) 10/26/1998	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> John L. Wharam 1407 Broad Street PO Box 75 Plymouth IA 50464	Name of Employer Self  Occupation Attorney	Date (month, day, year) 10/27/1998	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				