

SCHEDULE A:

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Individual/Person Other Than Political Committees

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NAME OF COMMITTEE (In Full)

Ehlers For Congress Committee

A. Full Name, Mailing Address and ZIP Code Katy McAlenen 500 Dogwood Lane Ada, MI 49301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2/27/98	Amount of Each Receipt This Period \$500.00
B. Full Name, Mailing Address and ZIP Code David Melney 3049 Mary SE Grand Rapids, MI 49506 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$500.00	Name of Employer KMW Group, Inc. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2/27/98	Amount of Each Receipt This Period \$500.00
C. Full Name, Mailing Address and ZIP Code Bill Muir 2764 Pioneer Club Road Grand Rapids, MI 49506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GR Label Company Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2/27/98	Amount of Each Receipt This Period \$500.00
D. Full Name, Mailing Address and ZIP Code Terrence O'Rourke 3047 Oak Hollow Drive SE Grand Rapids, MI 49506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Spectrum Health Occupation Administrator Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2/27/98	Amount of Each Receipt This Period \$500.00
E. Full Name, Mailing Address and ZIP Code Stephen VanAndel 7685 Lenard NE Ada, MI 49301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Amway Corp. Occupation Chairman Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 2/27/98	Amount of Each Receipt This Period \$500.00
F. Full Name, Mailing Address and ZIP Code Roger L. and Lou Warnshuis, Jr. 955 San Jose Drive SE Grand Rapids, MI 49506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Merchant Service Bureau, Inc. Occupation President Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 2/27/98	Amount of Each Receipt This Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Stephen Huarman 1268 Pettis NE PO Box 399 Ada, MI 49301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ada Drug Store Occupation Pharmacist / Retailer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 3/5/98	Amount of Each Receipt This Period \$500.00

SUBTOTAL of Receipts This Page (optional) \$4,000.00

TOTAL This Period (last page this line number only)