

SCHEDULE A

ITEMIZED RECEIPTS

List amounts scheduled for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Bob Shranger for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Waldemar A. Palutke 8425 Whispering Sands Dr. West Olive, MI 49749 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: Physician Aggregate Year-to-Date > \$ 800.00	10/1/00	250.00
B. Full Name, Mailing Address and ZIP Code Jeanette Youngman 4263 S. Ottawa Tr. Shelby, MI 49455-8018 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 > \$ 750.00	10/2/00	500.00
C. Full Name, Mailing Address and ZIP Code			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

750.00