

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 112 (1)

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NAME OF COMMITTEE (In Full)

CRANE for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
EARL RODMAN 1701 GRAHAM AVE ODESSA, TX. 79763-2818 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: ENGINEER	4/9/98	200.00
Aggregate Year-to-Date > \$ 200.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PATRICK ROE 1018 PRESTWICK DR. FRANKFORT, IL. 60423 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	NONE Occupation:	4/13/98	200.00
Aggregate Year-to-Date > \$ 200.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONALD RUMSFELD 400 N. MICHIGAN AVE CHICAGO, IL. 60611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: BUSINESSMAN	6/17/98	500.00
Aggregate Year-to-Date > \$ 1,000.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID SELVAGGIO 202 CHRISTOPHER CT. ROUND LAKE BEACH, IL 60073 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	DSA INC Occupation: CORP. OFFICER	6/19/98	500.00
Aggregate Year-to-Date > \$ 700.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN SHAW 6133 POPLAR AVE MEMPHIS, TN 38119-4707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SHEA CLINIC Occupation: PHYSICIAN	4/19/98	500.00
Aggregate Year-to-Date > \$ 600.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILBER SHURTZ P.O. BOX 298 WILLIAMS BAY, WI 53191-0298 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation:	6/9/98	200.00
Aggregate Year-to-Date > \$ 300.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOYCE THERKILDSEN 1845 N. BRAYMORE DR. BARRINGTON, IL. 60016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation:	4/7/98	500.00
Aggregate Year-to-Date > \$ 1,000.00			

SUBTOTAL of Receipts This Page (optional)

7,600.00

TOTAL This Period (last page file line number only)