

FOR INSTRUCTIONS, SEE BACK OF FORM



Black Hawk

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17626
Logged In	sb
Scanned	
Computer	sb
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Schmitt for Supervisor

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name: Steve Schmitt Political Party: Republican
Office Sought: Black Hawk Board of Supervisors District (if Senate or House):
P.M.P.M 7-14-04

[Signature]
SIGNATURE OF TREASURER (or person filing this report)

319-234-6885
TELEPHONE

6-14-04
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A July 14, 2004 REPORT FOR AN/A (1) ELECTION //(2)NON-ELECTION YEAR.
(report date)

Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>11-2-04</u>
County & Local Committees, enter County in which Election is held <u>Black Hawk</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) \$ 6,181.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) (1-5) 2,237.50

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 8,418.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 6,023.36

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 2,395.14

**UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$	<u>266.37</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>76.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>0</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
SCHMITT FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-7-04	ID# CK# CASH	Roger & Joanne Lane 814 Prospect Blvd. Waterloo IA 50701		\$ 20.00	<input type="checkbox"/>
6-7-04	ID# CK# 2512	Roger Pease 3011 Knoke Pl. Cedar Falls IA 50613-4734		50.00	<input type="checkbox"/>
6-7-04	ID# CK# 4567	Denise Kremer 625 Cornwall Ave Waterloo IA 50702		10.00	<input type="checkbox"/>
6-7-04	ID# CK# 5127	Ralph & Carol Hadlund 1305 Prospect Blvd. Waterloo IA 50701		25.00	<input type="checkbox"/>
6-7-04	ID# CK# 8541	John & LuAnn Rathjen 614 Glencoe Ave. Waterloo IA 50701		25.00	<input type="checkbox"/>
6-7-04	ID# CK# 2456	Stan Poe 348 Brentwood Dr. NE Cedar Rapids IA 52402		50.00	<input type="checkbox"/>
6-7-04	ID# CK# 2079	Craig & Nancy Shirey 435 Midlothian Blvd. Waterloo, IA 50701-4225		25.00	<input type="checkbox"/>
6-7-04	ID# CK# 5374	Mr. & Mrs. Louis Beecher 305 Pauline Pl. Waterloo IA 50701-4920		50.00	<input type="checkbox"/>
6-7-04	ID# CK# 1591	Michael & Mary Broshar 3131 W. 4th St. Waterloo, IA 50701		25.00	<input type="checkbox"/>
6-7-04	ID# CK# 3162	Robert & Kathleen Braun 165 Woodlawn Waterloo, IA 50701		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 330.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
SCHMITT FOR SUPERVISOR

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-7-04	ID# CK# 1718	Christopher + Megan Fereday 851 Prospect Blvd. Waterloo IA 50701		\$ 50.00	<input type="checkbox"/>
6-7-04	ID# CK# 7574	David Mollenhoff 164 Lovejoy Ave. Waterloo IA 50701		100.00	<input type="checkbox"/>
6-7-04	ID# CK# 9144	Gene + Pat Leonhart 209 Washington Box 297 Denver IA 50622		50.00	<input type="checkbox"/>
6-7-04	ID# CK# 8729	John + Bridget Bunge 857 LynKaylee Dr. Waterloo IA 50701		50.00	<input type="checkbox"/>
6-7-04	ID# CK# 5158	Jerry Maifeld 5512 Waters Rd. Hudson IA 50643		50.00	<input type="checkbox"/>
6-7-04	ID# CK# 1743	John + Mary Kay Beecher 190 Pershing Rd. Waterloo IA 50701-4049		50.00	<input type="checkbox"/>
6-7-04	ID# CK# 3596	Robert + Kristi Regenwether 345 Columbia Circle Waterloo IA 50701		25.00	<input type="checkbox"/>
6-7-04	ID# CK# 4007	Rick Young 750 S. Hackett Rd., P.O. Box 1077 Waterloo IA 50704-1077		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 515.00

TOTAL (if last page of this schedule)

~~515.00~~

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For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
SCHMITT FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-25-04	ID# CK# 16805	Gale & Pat Bonsall 54 River Ridge Rd. Cedar Falls, IA 50613		\$ 20.00	<input type="checkbox"/>
6-25-04	ID# CK# 1625	Roger & Marcella Olesen 521 Derbyshire Rd. Waterloo, IA 50701		25.00	<input type="checkbox"/>
6-25-04	ID# CK# 8255	John & MaryAnn Locke 1521 W. Fourth St. Waterloo, IA 50702-2909		25.00	<input type="checkbox"/>
6-25-04	ID# CK# 9465	John & Carla Sutherland 1723 Pinehurst Ln. Waterloo, IA 50701		25.00	<input type="checkbox"/>
6-25-04	ID# CK# 1955	James & Kathryn Gerber 1603 Laverne Ln. Cedar Falls, IA 50613		50.00	<input type="checkbox"/>
6-25-04	ID# CK# 5749	Johnny & Linda Dickinson 423 Chateau Court Cedar Falls, IA 50613		50.00	<input type="checkbox"/>
6-25-04	ID# CK# 1737	Milton Roth P.O. Box 1380 Waterloo, IA 50704-1380		50.00	<input type="checkbox"/>
6-25-04	ID# CK# 3164	Donna Miller 3520 Dewitt Rd. Waterloo, IA 50701-9720		100.00	<input type="checkbox"/>
6-25-04	ID# CK# 4745	H. M. Anderson P.O. Box 777 Waterloo, IA 50704-0777		50.00	<input type="checkbox"/>
6-25-04	ID# CK# 5011	Josef & Troyce Vich 1525 Olympic Dr. Waterloo, IA 50701		100.00	<input type="checkbox"/>

SUB-TOTAL
\$ 495.00
TOTAL (if last page of this schedule)
\$

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COPY

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
SCHMITT FOR SUPERVISOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-25-04	ID# CK# 3439	G. Willard & H. Kay Jenkins 6 Winter Ridge Rd. Waterloo, IA 50701-1049		\$ 100.00	<input type="checkbox"/>
6-25-04	ID# CK# 7976	Gregory & Lea Ann Saul 1825 Greenhill Rd. Cedar Falls, IA 50613		50.00	<input type="checkbox"/>
6-25-04	ID# CK# 4351	Dale Lee 2217 Grand Blvd. Waterloo, IA 50701		37.50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 187.50

TOTAL (if last page of this schedule) ~~\$ 682.50~~

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COPY

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Schmitt for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7-14-04	ID# CK# 7129	Erl Schmiesing 315 Derbyshire Rd Wlcv, IA 50701		\$ 150-	<input type="checkbox"/>
7-14-04	ID# CK# 4058	Rick Young Box 1077 Watloo, IA 50704		300-	<input type="checkbox"/>
7-14-04	ID# CK# 5291	Timothy Manatt 6101 Gilbertville Rd. Gilbertville, IA 50634		100-	<input type="checkbox"/>
7-14-04	ID# CK# 6604	Ross Christensen 847 west 4th watloo, IA 50702		100-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL **650-**
TOTAL (if last page of this schedule) **2237.50**

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Schmitt for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-26-04	ID# CK# 102	Congdon Printing 115 East 2nd Cedar Falls, IA 50613	mailing/postage	\$ 236.06
6-7-04	ID# CK# 103	Congdon Printing	mailing/postage	811.43
6-29-04	ID# CK# 104	Image Pointe Box 657 Waterloo, IA	T shirts for Parades Etc.	192.39
6-29-04	ID# CK# 105	Signs By Tomorrow 2915 McClain Dr. Cedar Falls, IA	signs	240.00
6-29-04	ID# CK# 106	Jeff Miller 720 Hartman Ave Waterloo, IA	Banner/Sign/Supplies	21.66
6-29-04	ID# CK# 107	Scott Jordan 135 Kenway Waterloo, IA 50701	Reimburse Primary Celebration	50.00
6-29-04	ID# CK# 108	Steve Schmitt 170 W. Mullen Ave Waterloo, IA 50701	Supplies, Etc	93.07
6-29-04	ID# CK# 109	Ad Fax PO Box 561 C.F. IA 50613	Courier Advertising	1848.75
SUB-TOTAL				\$ 3493.36
TOTAL (if last page of this schedule)				\$ _____

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Schmitt for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-30-04	ID# CK# 110	Ad Fax Box 561 C F, IA 50613	Consulting	\$ 2500.00
7-12-04	ID# <small>New Checks</small> CK# 101	BH Republican Women ?	mailing list	30.00
	ID# CK#			
SUB-TOTAL				\$ 2530.00
TOTAL (If last page of this schedule)				\$ 6023.36

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
 Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)
 Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Schmitt for Supervisor

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
6-4-04	Cogdon Printing 115 E 2nd St Cedar Falls, IA 50613	mailings, etc.	\$ 266.37
SUB-TOTAL			\$ 266.37
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 266.37

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Schmitt for Supervisor

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-14-04	Michael Lawigan 420 South St. Watulon, LA		Purchased voter lists	\$ 76.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 76.00

TOTAL (if last page of this schedule) \$ 76.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Schmitt for Supervisor



PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
<i>Ad Fax, Inc.</i>		
Mailing Address		
<i>Box 561</i>		
City	State	Zip Code
<i>Cedar Falls</i>	<i>IA</i>	<i>50613</i>

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From _____ To <i>6-30-01</i>	<i>\$ 2,500⁰⁰</i>

Already paid.

ESTIMATES OF PERFORMANCE

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
	<i>None</i>		\$

SUB-TOTAL	\$ <i>0</i>
TOTAL (if last page of this schedule)	\$ <i>0</i>