

Buchanan

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

Concerned Citizens For Better Education Committee

IMPORTANT: Indicate by # type of committee you are reporting for:

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
 (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC
 (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

JAN 19 2006
PM
1-18-06

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature] _____ *319 935 3791* *1-17-06*
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by #

- 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 DR-3 is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds 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.)	\$	<u>942.77</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>10,880.00</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	\$ <u>11,822.77</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>10,960.22</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>707.34</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>856.55</u>

- **UNPAID BILLS (From Schedule D - Attach Schedule D)\$ _____
- **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ _____
- **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ _____
- CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

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

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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)

Concerned Citizens for Better Education

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
11/09/05	ID# CK#	R.T. Miller 3193 King Ave Rowley, IA 52329		\$ 200	<input type="checkbox"/>
11/09/05	ID# CK#	B.A. Goldenstein 1686 Nolen Ave Independence, IA 50644		200	<input type="checkbox"/>
11/09/05	ID# CK#	Steve Davis 2048 Jamestown Ave Independence, IA 50644		500	<input type="checkbox"/>
11/09/05	ID# CK#	Ed Michaels 2087 330th St Walker, IA 52352		100	<input type="checkbox"/>
11/09/05	ID# CK#	Ray Rosenchans RR Rowley, IA 52329		300	<input type="checkbox"/>
11/09/05	ID# CK#	Dave Jordening 2457 Henley Av Independence, IA 50644		300	<input type="checkbox"/>
11/09/05	ID# CK#	Karen Beard 600 2nd Ave S.W. Independence, IA 50644		200	<input type="checkbox"/>
11/09/05	ID# CK#	Frank Rehberg RR Rowley, IA 52329		200	<input type="checkbox"/>
11/15/05	ID# CK#	Wendell Circus 1635 270th St Independence, IA 50644		250	<input type="checkbox"/>
11/15/05	ID# CK#	Gaylen Burco 1537 Kentucky Av Independence, IA 50644		500	<input type="checkbox"/>
SUB-TOTAL				\$ 2750	
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)

Concerned Citizens for Better

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
11/17/05	ID# CK#	Darin Burco 1537 Kentucky Av Independence, IA 50644		\$ 500	<input type="checkbox"/>
11/22/05	ID# CK#	John Von Lehmden 209 15th Av Independence, IA 50644		100	<input type="checkbox"/>
11/22/05	ID# CK#	Tom Patchford RR Independence, IA 50644		200	<input type="checkbox"/>
11/22/05	ID# CK#	Richard Norris 2113 255th St. Independence, IA 50644		200	<input type="checkbox"/>
11/22/05	ID# CK#	Dennis Rehberg R.R. Walker, IA 52352		75	<input type="checkbox"/>
11/22/05	ID# CK#	Guy Grover 813 3rd Ave SW Independence, IA 50644		1500	<input type="checkbox"/>
11/22/05	ID# CK#	Richard Miller 3193 King Ave. Rowley, IA 52329		500	<input type="checkbox"/>
11/22/05	ID# CK#	Julie Noe 2624 Coats Blvd Rowley, Iowa 52329		100	<input type="checkbox"/>
11/22/05	ID# CK#	Vernon Hoffman 710 7th Av S.E. Independence, IA 50644		400	<input type="checkbox"/>
11/22/05	ID# CK#	Mark Boddicker 3362 51 St. Walker, IA 52352		25	<input type="checkbox"/>
SUB-TOTAL				\$ 3600	
TOTAL (if last page of this schedule)				\$	

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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)
Independent Citizens for Better Government

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
11/15/05	ID# CK#	Nina Kaesser Trust Rowley, IA 52329		\$ 200	<input type="checkbox"/>
11/15/05	ID# CK#	Margaret Zieser Rowley, IA 52329		100	<input type="checkbox"/>
11/15/05	ID# CK#	Charles Latt Trust 2158 Nathan Bethel Ave Independence, IA 50644		500	<input type="checkbox"/>
11/15/05	ID# CK#	Dave Lynch 2275 Iowa Ave Independence, IA 50644		150	<input type="checkbox"/>
11/15/05	ID# CK#	Raymon Rasmussen R.R. Rowley, IA 52329		100	<input type="checkbox"/>
11/17/05	ID# CK#	Tom Greenley 1780 185 th St. Independence, IA 50644		100	<input type="checkbox"/>
11/17/05	ID# CK#	Della Walthart 1774 N. Bethel Ave Independence, IA 50644		100	<input type="checkbox"/>
11/17/05	ID# CK#	Carl Van Tasell 513 14 th Ave Independence, IA 50644		100	<input type="checkbox"/>
11/17/05	ID# CK#	Roger Noe R.R. Rowley, IA 52329		75	<input type="checkbox"/>
11/17/05	ID# CK#	Charles Johnson 1849 185 th St Independence, IA 50644		300	<input type="checkbox"/>
SUB-TOTAL				\$ 1725	
TOTAL (if last page of this schedule)				\$	

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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)
Concerned Citizens for Better Ed

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
11/22/05	ID# CK#	"Butch" Leonard Hunter Jr. 315 6th Ave S.W. Independence, IA 50644		\$ 50	<input type="checkbox"/>
11/22/05	ID# CK#	Harry King R.R. Brandon, IA 52210		100	<input type="checkbox"/>
11/25/05	ID# CK#	Richard Kuit 1673 245 St. Independence, IA 50644		200	<input type="checkbox"/>
11/25/05	ID# CK#	Jeff Temeyer 1528 220th St Independence, IA 50644		250	<input type="checkbox"/>
11/25/05	ID# CK#	Nyal Dage 2869 Gabriel Ave Brandon, IA 52210		150	<input type="checkbox"/>
11/25/05	ID# CK#	Steve Walthart 2121 Plymouth Independence, IA 50644		300	<input type="checkbox"/>
11/25/05	ID# CK#	Unitemized		30	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1080

TOTAL (if last page of this schedule)

~~975~~

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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)

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
11/28/05	ID# CK#	Donald Crawford 1919 Jamestown Ave Independence, IA 50644		\$ 100	<input type="checkbox"/>
11/28/05	ID# CK#	Richard Toate 1397 240th St Independence, IA 50644		200	<input type="checkbox"/>
11/28/05	ID# CK#	Franklin Rehberg 2279 310th St Rowley, IA 52329		300	<input type="checkbox"/>
11/28/05	ID# CK#	Larry Rasmussen 1657 Nathan Bethel Av Independence, IA 50644		50	<input type="checkbox"/>
11/28/05	ID# CK#	Roger Hershberger P.O. Box 14 Jesup, IA 50648-0014		250	<input type="checkbox"/>
12-1-05	ID# CK#	Lawrence Wessels 1638 Indiana Ave Hawley, Ia 50641		75	<input type="checkbox"/>
11-30-05	ID# CK#	Motherly, Pirt 1420 Kentucky ave Arley, Ia 50644		100	<input type="checkbox"/>
12-1-05	ID# CK#	John Bage 2029 170th St Independence, Ia 50644		400	<input type="checkbox"/>
11-19-05	ID# CK#	Jim Thedens 2097 310th St Rowley, Ia 52329		150	<input type="checkbox"/>
12-01-05	ID# CK#	Bob Booher 2456 Nelson Ave Arley 50644		100 ^{aw}	<input type="checkbox"/>
SUB-TOTAL				\$1925	
TOTAL (if last page of this schedule)				\$10980	

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Reset 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)
Concerned Citizens for Better Education

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
11-08-05	ID# CK#	Paul Don PO Box 188 Ocheyedan Ia 51354	consulting	\$2000 ⁰⁰
11-12-05	ID# CK#	Congdon Printing 115 E 2nd St Cedar Falls Ia 50613	post cards	250 ⁰⁰
11-12-05	ID# CK#	Paul Don see above	web site	25 ⁰⁰
11-19-05	ID# CK#	Culver Secretary of State Des Moines, Ia	information (names)	16.20
11-19	ID# CK#	Congdon Printing 115 E 2nd Cedar Falls 50613	Print fliers	1800.00
11-21-05	ID# CK#	Independence News Papers Inc. 116 S ave NE Indep 50644	Print adds	722.70
11-22-05	ID# CK#	Paul Don PO 188 C cheyedan Ia 51354	consulting	2000 ⁰⁰
11-22-05	ID# CK#	Citizens State Bank PO Box 515 Winthrop Ia 50682	record search	15 ⁰⁰
SUB-TOTAL				\$ 7053.90
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).)

Reset 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)
Concerned Citizens for Better Education

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
11-22	ID# CK#	WMT Radio 600 Old Marion Rd NE Cedar Rapids Ia	air time	\$ 119 ⁰⁰
11-23	ID# CK#	KQMG Radio 150 S Indep Ia 50644	air time	197 ⁰¹
11-23	ID# CK#	KOEL Radio 150 S Oelwein Iowa	air time	258 ⁰⁰
11-26	ID# CK#	Karen's Print- Rite 2515 Falls Ave Waterloo, Ia 50701	post cards	\$ 1536 ²⁰
1-17-05	ID# CK#	RT Miller 3193 King Ave Rowley, Ia 52329	phone, fax, misc expense	50.00
1-17-05	ID# CK#	Linda Walshaw 2121 Plymouth Independence, Ia 50644	Visa, Advantage Inc, live Delivery phone	465.30
11-26-05 12-07-05	ID# CK#	Paul Dorr Paul Dorr	consulting phone + misc	1000.00 281.81
	ID# CK#			3907.32 26255
SUB-TOTAL				\$ 7225.11
TOTAL (if last page of this schedule)				\$ 7225.11

~~4967.11~~
\$ 10296.23

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).)

Reset Form

SCHEDULE G (Rev. 02/98)	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)
Concerned Citizens for Better Education Comm

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <i>Copper Head Paul Dorr Consulting</i>		
Mailing Address <i>PO Box 188</i>		
City <i>Ocheyedan</i>	State <i>Ia</i>	Zip Code <i>51354</i>

CONTRACT PERIOD (MM/DD/YR) From _____ To _____	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE \$ _____
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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
11-08-05	Paul Dorr Box 188 Ocheyedan Ia 51354	consulting	\$ 2000 ⁰⁰
11-12-05	same as above	web site	250 ⁰⁰
11-22-05	above	consulting	2000 ⁰⁰
12-1-05	above	"/	1000 ⁰⁰
12-7-05	above	phone travel expense	281-81

SUB-TOTAL \$ 5531.81
 TOTAL (if last page of this schedule) \$ 5531.81