

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

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

COMMITTEE NAME (Must be same as on Statement of Organization)
HETS BUILD 04 KIDS

IMPORTANT: Indicate type of committee you are reporting for: 6

(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

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (If Senate or House) _____

APR 15 2004

David L. Newman 712-580-8906 4-15-04
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 _____ 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
4.20.04

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

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.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 8320⁰⁰

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 \$ 8320⁰⁰

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 2360²¹

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) \$ ~~0~~ 5959⁷⁹

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

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



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)
LET'S BUILD OUR KIDS

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
3/19/04	ID# CK# 11585	NORIN MILLING BOX 156 DICKENS, IA 51333		\$ 200 ⁰⁰	<input checked="" type="checkbox"/>
3/19/04	ID# CK# 016753	TIM STEFFEN BOX 320 STEFFEN SPENCER, IA 51301		200 ⁰⁰	<input checked="" type="checkbox"/>
3/19/04	ID# CK# 3920	PAUL BRENNER 1305 GRAND AV. SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
3/19/04	ID# CK# 1674	TIM FRANK 702 N GRAND AV #5 SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
3/19/04	ID# CK# 2343	H. S. SCHOGLEMAN 2107 W 111ST SPENCER, IA 51301		200 ⁰⁰	<input checked="" type="checkbox"/>
3/19/04	ID# CK# CASH	TIM STEFFEN 1501 PATRICIA AV SPENCER, IA 51301		50 ⁰⁰	<input checked="" type="checkbox"/>
3/24/04	ID# CK# 5400	JIM HIGGINS SPENCER 1223 E 19TH ST IA 51301		500 ⁰⁰	<input checked="" type="checkbox"/>
3/24/04	ID# CK# 5400 16408	COMMUNITY BANK SPENCER 1812 HWY BLVD IA 51301		500 ⁰⁰	<input checked="" type="checkbox"/>
3/24/04	ID# CK# 6692	KRIS VANBARKUM 1022 BRADY MEADOW LN SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
3/24/04	ID# CK# 34646	JANITORS CLOSET, LTD BOX 454 JANITORS CLOSET, LTD SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

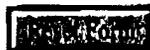
\$3850⁰⁰

TOTAL (if last page of this schedule)

\$

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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)

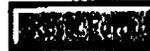
STATE CANDIDATE NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	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
3/24/04	ID# CK# 2359	PRO-CROP INC Box 504 SPENCER, IA 51301		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
3/31/04	ID# CK# 4424	JOHN COTTON Box 462 SPENCER, IA 51301		300 ⁰⁰	<input checked="" type="checkbox"/>
3/31/04	ID# CK# 8311	TOM ROTI 800 13TH AV W SPENCER, IA 51301		50 ⁰⁰	<input type="checkbox"/>
3/3/04	ID# CK# 9570	KELLIE BENEKE 1203 16TH AV. W SPENCER, IA 51301		50 ⁰⁰	<input type="checkbox"/>
3/2/04	ID# CK# 4765	JANE KRUSE 1935 350TH ST SPENCER, IA 51301		100 ⁰⁰	<input type="checkbox"/>
3/31/04	ID# CK# 4516	NORA BIGGER 1005 25TH ST. S.W SPENCER, IA 51301		25 ⁰⁰	<input type="checkbox"/>
3/31/04	ID# CK# 30692	HYN Box 451 SPENCER, IA 51301		300 ⁰⁰	<input type="checkbox"/>
3/31/04	ID# CK# 7400	DAVID KIMBELL 707 5TH ST S.W SPENCER, IA 51301		75 ⁰⁰	<input type="checkbox"/>
3/31/04	ID# CK# 8059	GARY GRAVE Box 462 SPENCER, IA 51301		100 ⁰⁰	<input type="checkbox"/>
3/31/04	ID# CK# 9088	DICK MONTGOMERY 1105 GRAND AV. SPENCER, IA		100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$1200	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)

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3/31/04	ID# CK# 1084	CLAY CO. REPUBLICAN PARTY Box 5184 SPENCER, IA 51301		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
3/31/04	ID# CK# 049791	GRAHAM TIRE 1905 HWY BLVD SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
3/31/04	ID# CK# 26455	THE FARMERS BANK SPENCER, IA 51301		500 ⁰⁰	<input checked="" type="checkbox"/>
3/31/04	ID# CK# 30737	WARNER FUNERAL HOME 225 W 3RD ST SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/3/04	ID# CK# 5219	JOHN RYAN 1225 1ST AV W SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/3/04	ID# CK# 2164	ANN KOHMAN 623 W 9TH SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/3/04	ID# CK# 2831	RON OLBERDING 309 E 19TH ST SPENCER, IA 51301		50 ⁰⁰	<input checked="" type="checkbox"/>
4/3/04	ID# CK# 5949	HARRY HARDEN 1125 MICHAELS CT SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/3/04	ID# CK# 5559	JOHN ZULK 1106 13TH AV WEST SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/3/04	ID# CK# 6740	SHAN HABBEN 3480 180TH AV EVARY, IA 51338		100 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1350	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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4/3/04	ID# CK# 11498	TOM'S GOLF SHOP 2200 W 18TH ST SPENCER, IA 51301		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
4/3/04	ID# CK# 8775	WINTNER, STAVE & CO. BOX 175 SPENCER, IA 51301		300 ⁰⁰	<input checked="" type="checkbox"/>
4/3/04	ID# CK# 046678	ASHER MOTOR 228 11TH ST S.E. SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/12/04	ID# CK# CASH	PHIL HURST 507 4th AV S.E. SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 3397	ROBERT GOEKEN 1317 W 4TH ST SPENCER, IA 51301		50 ⁰⁰	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 3535	GARY G BURN W 18TH & N HWY BLVD SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 11128	DRS JONES & GOYER 21 W 6TH ST SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 3490	GARY NIMS 222 W 4TH ST SPENCER, IA 51301		25 ⁰⁰	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 5253	GREG BAETHKE 319 W 18TH ST SPENCER, IA 51301		5 ⁰⁰	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 1769	JIM KECK 2107 BURR OAK RD MILBURD, IA 51351		10 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

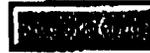
\$ 890⁰⁰

TOTAL (If last page of this schedule)

\$

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 (Including candidate's personal funds)

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

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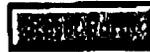
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/12/04	ID# CK# 15335	LISA BEDDOW 2155 300TH ST SPENCER, IA 51301		5 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 6983	STEVEN BOMGAARS 1608 3RD AV E. SPENCER, IA 51301		25 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 7461	ROGER JOHNSON 703 W 10TH ST SPENCER, IA 51301		50 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 2608	LAURA WAKEFIELD 1004 W 11TH SPENCER, IA 51301		5 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 7855	MARY FRANK 1401 1ST AV W. SPENCER, IA 51301		50 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 5511	JULIE RIBBSON 1202 16TH AV W SPENCER, IA 51301		5 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# 8735	SANDI NIELSEN 305 8TH ST S.W. SPENCER, IA 51301		5 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# CASH	DALE WAGGONER 1844 350TH ST SPENCER, IA 51301		10 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# CASH	KURT SCHWARCK 1315 1ST AV W SPENCER, IA 51301		5 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>
4/12/04	ID# CK# CASH	PAUL BRENNER 1305 GRAND AV. SPENCER, IA 51301		10 ⁰⁰ / ₁₀₀	<input checked="" type="checkbox"/>

SUB-TOTAL
\$ 170⁰⁰/₁₀₀

TOTAL (if last page of this schedule)
\$

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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)

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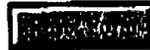
DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
4/14/04	ID# CK# 5020	RANDALL VAN DYKE 419 E 19TH ST SPENCER, IA 51301		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
4/14/04	ID# CK# 7321	JADE BEEHLER 702 - 2ND AV S.E. SPENCER, IA 51301		10 ⁰⁰	<input checked="" type="checkbox"/>
4/14/04	ID# CK# 6306	SHERYL PATTEN 110 E 3RD ST SPENCER, IA 51301		5 ⁰⁰	<input checked="" type="checkbox"/>
4/14/04	ID# CK# 5383	REBECCA DUGG-ROBINSON 1309 W 22 ST SPENCER, IA 51301		10 ⁰⁰	<input checked="" type="checkbox"/>
4/14/04	ID# CK# 5942	KATHRYN ELLIOTT 2201 1/2 W 11TH ST SPENCER, IA 51301		50 ⁰⁰	<input checked="" type="checkbox"/>
4/14/04	ID# CK# 67288	SIBB FARM DRAINAGE BOX 1803 SPENCER, IA 51301		100 ⁰⁰	<input checked="" type="checkbox"/>
4/14/04	ID# CK# 3260	JANG NOLAN GOMKEN 1317 W 4TH ST SPENCER, IA 51301		50 ⁰⁰	<input checked="" type="checkbox"/>
4/14/04	ID# CK# 9188	KURT BAURMEISTER 1221 14TH AVE. W SPENCER, IA 51301		25 ⁰⁰	<input checked="" type="checkbox"/>
4/14/04	ID# CK# 6514	BEV AHERN		\$ 10 ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
 \$ 360⁰⁰

TOTAL (if last page of this schedule)
 \$

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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)

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4/14/04	ID# CK# 044884	N.W. FEDERAL BANK 101 WEST 5TH ST SPENCER, IA 51301		\$ 500 ⁰⁰	<input checked="" 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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$
\$

TOTAL (if last page of this schedule)

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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)
LETS BUILD OUR KIDS

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
4/3/04	ID# DIRECT CK# WITHDRAWAL	N.W. FEDERAL BANK 101 WEST 5TH ST SPENCER, IA 51376	CHECKS	\$ 10 ¹⁰
4/4/04	ID# CK# 1001	STANDARD PRINTING	PRINTING PROMOTIONAL FLYERS	80 42
4/4/04	ID# CK# 1002	EMAGINE INTERNET MKT - LLC 14 E 4TH ST SPENCER, IA 51376	TELEPHONE SURVEY	142 ⁵⁰
4/12/04	ID# CK# 1003	Postmaster	POSTAGE TO MAIL BROCHURES	99 ⁹⁰
4/13/04	ID# CK# 1004	HOT 100 RADIO	RADIO ADVERTISING	252 ⁰⁰
4/13/04	ID# CK# 1005	PAUL BRENNER	POSTAGE TO MAIL BROCHURES	101 ⁷⁵
4/15/04	ID# CK# 1006	Postmaster	POSTAGE TO MAIL BROCHURES	628 ³⁶
4/15/04	ID# CK# 1007	DAILY REPORTER	ADVERTISING	214 ⁸⁰
SUB-TOTAL				\$ 1492 ²¹
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.402(3)(I).)

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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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)
LETS BUILD OUR KIDS

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
4/2/04	ID# BEFORE CK# CH'S BLANK CK#	KICD RADIO	ADVERTISING	\$ 868 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$
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.402(3)(1).)