

DISCLOSURE SUMMARY PAGE

Reset Form

Dallas

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

IMPORTANT: Indicate by # type of committee you are reporting for: **4**
 (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 **MARK A. HANSON** OCT 21 2004 Political Party (if applicable) **REPUBLICAN**
 Office Sought **DALLAS COUNTY SUPERVISOR** District (if Senate or House)

FORM DR-2 (Rev. 07/2004) **DISCLOSURE REPORT**

For Office Use Only
 Comm. # **17729**
 Logged In _____
 Scanned _____
 Computer _____
 Audited _____

Late reports are subject to possible civil and criminal penalties.

Amy Wiggins 993-4333 10-18-04
SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A OCTOBER 19, 2004 REPORT FOR (1) **ELECTION** / (2) **NON-ELECTION** YEAR.
 (report date) Indicate by # **1**

- 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
11-02-04
 County & Local Committees, enter County in which Election is held
DALLAS

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.) \$ 420.88

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 4,240.00

Schedule F: Loans Received total (Attach Schedule F) 500.00

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 5,160.88

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 4,391.31

Schedule F: Loan Repayments total (Attach Schedule F)..... 500.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 269.57

****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)..... \$ 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

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)

CITIZENS FOR HANSON

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 66B.32A(6) Iowa Code prohibits the use of information reported here for any other purpose than for auditing contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	ALCOA NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISED MONEY
7-18-04	ID# CK# 539	CHARLES GROB 557 NAPA VALLEY DRIVE WAUKEE, IA 50263		25.00	<input type="checkbox"/>
7-19-04	ID# CK# 5241	JULIE BAILEY 2700 EL PASO AVE REDFIELD, IA 50233		100.00	<input type="checkbox"/>
7-19-04	ID# CK# 7189	L. D. HARTSOOK 615 SOUTHWALK DRIVE WAUKEE, IA 50263		150.00	<input type="checkbox"/>
7-19-04	ID# CK# 2794	NANCY CORNICK 600 SOUTHWALK DR. WAUKEE, IA 50263		100.00	<input type="checkbox"/>
7-19-04	ID# CK# 5079	NANCY SHARK 1890 ASHLIEF CIRCLE WAUKEE, IA 50263		100.00	<input type="checkbox"/>
7-19-04	ID# CK# 3631	ANNIE ZIMMERMANN 3012 FOX HOLLOW CIRCLE DES MOINES, IA 50321		50.00	<input type="checkbox"/>
7-19-04	ID# CK# 8663	PATTY MYERS 790 WALNUT RIDGE WAUKEE, IA 50263		25.00	<input type="checkbox"/>
7-20-04	ID# CK# 7433	CINDY STANLEY 1875 NW 151 ST COURT CLIVE, IA 50325		50.00	<input type="checkbox"/>
7-20-04	ID# CK# 1068	DALLAS COUNTY REPUBLICAN CENTRAL 3111 143RD ST COMMITTEE URBANALE, IA 50323		800.00	<input type="checkbox"/>
7-20-04	ID# CK# 3055	WILLIAM CLARK 2201 EVELYN ST. PERRY, IA 50220		50.00	<input type="checkbox"/>
SUB-TOTAL				\$1450.00	
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

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)

CITIZENS FOR HANSON

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
7-21-04	ID# CK# 8388	MARGARET JORGENSEN 595 DALLAS POINT DRIVE WAUKEE, IA 50263		\$ 100.00	<input type="checkbox"/>
7-21-04	ID# CK# 2791	KELLY FEGEN 675 SOUTHWALK DRIVE WAUKEE, IA 50263		100.00	<input type="checkbox"/>
7-21-04	ID# CK# 6664	ELANOR MYERS 313 N. 12TH ST. ADEL, IA 50003		20.00	<input type="checkbox"/>
7-22-04	ID# CK# 10398	D. PAUL BISSINGER 14822 LAKEVIEW DRIVE CLIVE, IA 50325		50.00	<input type="checkbox"/>
7-22-04	ID# CK# 1351	JODI TYMESOX 1524 HWY 169 WINNERSSET, IA 50273		20.00	<input type="checkbox"/>
7-22-04	ID# CK# 2049	J. D. HIPPERSPACH 1590 N.W. 101 ST. CLIVE, IA 50325		100.00	<input type="checkbox"/>
7-22-04	ID# CK# 2435	PHILLIP WORTH 2449 JORDAN TRAIL WEST DES MOINES, IA 50265		100.00	<input type="checkbox"/>
7-22-04	ID# CK# 5052	BRIAN GOLIGHTLY 1550 150TH PERRY, IA 50220		50.00	<input type="checkbox"/>
7-22-04	ID# CK# 1040	JULIUS LITTLE 2105 IOWA STREET PERRY, IA 50220		50.00	<input type="checkbox"/>
7-22-04	ID# CK# 6486	KIM CHAPMAN 2383 SCENIC VIEW DRIVE ADEL, IA 50003		100.00	<input type="checkbox"/>
SUB-TOTAL				\$690.00	
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

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)

CITIZENS FOR HANSON

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
7-24-04	ID# CK# 2794	JUDY CAMPBELL 715 WEST BRANCH WAUKEE, IA 50263		\$ 25.00	<input type="checkbox"/>
7-24-04	ID# CK# 2256	RON GRUBB 3301 106TH CIRCLE URBANDALE, IA 50322		100.00	<input type="checkbox"/>
7-24-04	ID# CK# 6487	SHEILA LANGDON 14320 OAKBROOK DRIVE DES MOINES, IA 50323		25.00	<input type="checkbox"/>
7-22-04	ID# CK# 3516	JILL SIMPLOT 1852 NW 152ND COURT CLIVE, IA 50325		50.00	<input type="checkbox"/>
7-21-04	ID# CK# 2204	MRS DAVID SALOCKER P.O. BOX 422 PERRY, IA 50220		50.00	<input type="checkbox"/>
7-22-04	ID# CK# 3371	CINDY RADLIFF 570 WESTWOODS DR. WAUKEE, IA 50263		50.00	<input type="checkbox"/>
7-23-04	ID# CK# 6195	JAMIES COWNIE 141 - 37TH ST. DES MOINES, IA 50312		100.00	<input type="checkbox"/>
7-24-04	ID# CK# 2079	PHILLIP COLLETIER 4622 151ST ST. URBANDALE, IA 50323		100.00	<input type="checkbox"/>
7-27-04	ID# CK# 1445	JOHN RYAN III P.O. BOX 855 DES MOINES, IA 50003		50.00	<input type="checkbox"/>
7-31-04	ID# CK# 1127	SCOTT MUMM 580 WOODCREST DRIVE WAUKEE, IA 50263		100.00	<input type="checkbox"/>
SUB-TOTAL				\$650.00	
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

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)
 CITIZENS FOR HANSON

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
8-04-04	ID# CK# 2097	HOWARD BELSHEIM 808 36TH ST. WEST DES MOINES, IA 50265		\$ 125.00	<input type="checkbox"/>
8-04-04	ID# CK# 7198	H. MEL WILLITS 630 WESTBRANCH DR. WAUKEE, IA 50263		50.00	<input type="checkbox"/>
8-06-04	ID# CK# 2861	JULIE CIRKSENA 15069 WILDWOOD DR CLIVE, IA 50325		25.00	<input type="checkbox"/>
8-06-04	ID# CK# 2046	JUDY GUNDERSON 170 LINDEN DR. WAUKEE, IA 50263		100.00	<input type="checkbox"/>
8-06-04	ID# CK# 1641	JAMES BECKER 3528 CABERNET CIRCLE WAUKEE, IA 50263		50.00	<input type="checkbox"/>
8-06-04	ID# CK# CASH	JIM CUTLER 1820 NW 152ND CT. CLIVE, IA 50325		25.00	<input type="checkbox"/>
8-09-04	ID# CK# 6024	ROBERT MCGOWEN 585 NORTH BRANCH WAUKEE, IA 50263		100.00	<input type="checkbox"/>
8-13-04	ID# CK# 2060	DAN MCGOWAN 1925 OLSON DRIVE WAUKEE, IA 50263		50.00	<input type="checkbox"/>
8-14-04	ID# CK# 2064	GARY PITTS P.O. BOX 37247 DES MOINES, IA 50315		100.00	<input type="checkbox"/>
8-22-04	ID# CK# 9245	LAURIE HOWE 15249 WOODCREST CLIVE, IA 50325		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 675.00	
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

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)
 CITIZENS FOR HADYSON

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
8-26-04	ID# CK# 6112	LYNN McHOSE 635 SOUTHFOUR DR. WAUKEE, IA 50263		\$ 50.00	<input type="checkbox"/>
9-11-04	ID# CK# 6924	BRITN MCKEON 2556 NW 162ND ST. CLIVE, IA 50325		25.00	<input type="checkbox"/>
9-11-04	ID# CK# 3188	CATY ROLING 14840 WOODCREST CLIVE, IA 50325		30.00	<input type="checkbox"/>
9-13-04	ID# CK# 2081	TIM SULENTIC 2562 NW. 162ND ST. CLIVE, IA 50325		25.00	<input type="checkbox"/>
9-13-04	ID# CK# 4456	KEVIN KOHLER 2603 NW 157TH ST. CLIVE, IA 50325		10.00	<input type="checkbox"/>
9-13-04	ID# CK# 1128	PATRICK DEMOUTH 2713 NW 161ST ST. CLIVE, IA 50325		100.00	<input type="checkbox"/>
9-16-04	ID# CK# 700	EDWARD FAILOR 2310 IMPERIAL OAKS DR MUSCATINE, IA 52761		200.00	<input type="checkbox"/>
9-23-04	ID# CK# 3427	LADONNA GRANTAS 2471 NW 152ND. CLIVE, IA 50325		100.00	<input type="checkbox"/>
9-23-04	ID# CK#	AL SCHOLLES 815 WILMUT RIDGE DR. WAUKEE, IA 50263		25.00	<input type="checkbox"/>
9-24-04	ID# CK# 0188	SCOTT WEIS 1473 SOUTH SHORE DR. KNOXVILLE, IA		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 665.00	
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

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)

CITIZENS FOR HANCOCK

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
10-2-04	ID# CK#	MARGARET KARDENBERG 14661 WILLOW DR CLIVE, IA 50325		\$ 10.00	<input type="checkbox"/>
10-4-04	ID# CK#	DAVE CUNNINGHAM 1462 HAWTHORNE WAUKEE, IA 50263		50.00	<input type="checkbox"/>
10-6-04	ID# CK#	DAVE MASSEY 990 4TH ST WAUKEE, IA 50263		50.00	<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				\$ 110.00	
TOTAL (if last page of this schedule)				\$ 4,240.00	

* 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.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE
B
(Rev. 07/03)

MONETARY
EXPENDITURES

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.

CHECK THIS BOX IF AMENDING FORM

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

CITIZENS FOR HANSON

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
8-4-04	ID# CK# 1003	LEON YOUNG ADEL, IA 5003	STAKES FOR SIGNS	\$ 18.00
7-22-04	ID# CK# 1004	ATLANTIC COAT COAT BOTTLING WAUKEE, IA 50263	ROOM RENTAL CHARGE FOR FUNDRAISER	15 00
7-29-04	ID# CK# 1005	U S POST OFFICE WAUKEE, IA 50263	STAMPS.	74 00
8-13-04	ID# CK# 1006	PURCELL PRINTING 2921 99TH ST. URBANDALE, IA 50263	BROCHURE PRINTING.	785 60
8-25-04	ID# CK# 1007	R & R REALTY P.O. BOX 310061 DES MOINES, IA 50331	SIGN RENTAL SPACE	150 00
8-25-04	ID# CK# 1008	DES MOINES GOLF & CC. 1600 74TH ST. WEST DES MOINES, IA 50266	CATERING FOR FUND RAISER	196.10
8-25-04	ID# CK# 1009	CITI BANK VISA. P.O. BOX 6405 THE LAKES, NV 88901	FAST SIGNS 2,418.79 PHOTOS 27.10	2,445.89
8-25-04	ID# CK# 1010	MARK HANSON 595 NORTH BRANCH WAUKEE, IA 50263	REIMBURSE 13.62 SPRAY PAINT, 52 24 HYVEE FOOD, 37 56 DANKS, 16.50 CANOY 3025 CANOY, 19 99 PRINCE CANOY.	170.16
SUB-TOTAL				\$3,854.75
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(4)(b).)

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)
CITIZENS FOR HANSON

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
9-16-04	ID# CK# 1011	WAL-MART WEST DES MOINES, 50266	CANDY	\$ 19.61
9-16-04	ID# CK# 1012	OFFICE DEPOT 1550 22ND ST WEST DES MOINES, IA 50266	THANK YOU CARDS	21.14
9-20-04	ID# CK# 1014	RITZ CAMERA WEST DES MOINES, 50266	PHOTO'S	25.41
9-21-04	ID# CK# 1015	USPS. WAUKEE, IA 50263	STAMPS	14.80
10-11-04	ID# CK# 1016	PURCELL PRINTING 2921 99TH ST URBANDALE, IA 50263	PRINTING.	455.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$536.56
TOTAL (if last page of this schedule)				\$4,391.31

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 Sec. 489.201.)

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 500.00

PART I - MONETARY LOANS RECEIVED LAST REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
7-1-04	MARK HANSON 595 NORTH BRANCH WANKEE, IA 50263	CANDIDATE	\$ 500.00
	MONEY USED TO OPEN CHECKING ACCOUNT FOR CAMPAIGN.		

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
10-20-04	CHECK # 1013 TO: MARK A HANSON 595 NORTH BRANCH WANKEE, IA 50263		\$ 500.00

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*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 when it applies.