

# DISCLOSURE SUMMARY PAGE

Reset Form

*Franklin*

<b>FORM DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>17756</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

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 Julia Stewart Ziesman Political Party (if applicable) Democrat

Office Sought Franklin County Supervisor District (if Senate or House) # 3

Late reports are subject to possible civil and criminal penalties.

Julia Stewart Ziesman 515-859-7680 10-18-04  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 4, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) OCT 20 2004 Indicate by #  1

- CHECK IF AMENDMENT TO REPORT DATED FILED
- 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 <u>Franklin</u>

## 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 <b>MUST</b> 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>139<sup>80</sup></u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	<u>2578<sup>00</sup></u>
Schedule F: Loans Received total (Attach Schedule F) .....	<u>-0-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....	<u>-0-</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>	
SUB-TOTAL .....	\$ <u>2717<sup>80</sup></u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ....	<u>2010<sup>09</sup></u>
Schedule F: Loan Repayments total (Attach Schedule F) .....	<u>-0-</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....	\$ <u>707.71</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D) .....	\$ <u>4<sup>13</sup></u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$ <u>40<sup>00</sup></u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....	\$ <u>35<sup>00</sup></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 <b>A</b> (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)  
*Ziesman 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
7-18-04	ID# CK#	Gail Reingardt 111 Mallard Ave Towa Falls IA 50126		\$ 15 <sup>00</sup>	<input type="checkbox"/>
8-1-04	ID# CK#	Amber J. Ill Scager 111 W. Ellsworth St Dows IA 50071		50 <sup>00</sup>	<input type="checkbox"/>
8-8-04	ID# CK#	Jon Boege 2143 Lincolnwood Dr. Evanston, IL 60201	uncle	100 <sup>00</sup>	<input type="checkbox"/>
8-20-04	ID# CK#	Brett Stewart 12331 Tanglewood Dr Urbandale IA 50323	son	1200 <sup>00</sup>	<input type="checkbox"/>
8-29-04	ID# CK#	Fundraiser Pass the hat		142 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Julie Hook 906 Pearl St. Popejoy IA 50227		100 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Janet Ziesman 325 Finch Alden IA 50006	Sister-in-law	100 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Arthurine Haupt 623 Agricol Ave Dows IA 50071		100 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Glen Evans 550 Oakland Dr Alden IA 50006		50 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Melissa Muhlenbruch 188 140th St Dows IA 50071		25 <sup>00</sup>	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1882<sup>00</sup>

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 <b>A</b> (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)  
*Ziesman 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
8-29-04	ID# CK#	Marilyn North 604 110th St Dows IA 50071		\$ 25 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Mrs. Dolores Blackford 521 110th St Dows IA 50071		25 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Delbert Mahlenbruch 608 Rowan Rd Dows IA 50071		30 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Larry Neely 308 Osage Dr Iowa Falls IA 50126		25 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Linda Hunt 811 Alden St Alden IA 50006		20 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Irene Kreimeyer 2360 Vine Ave Daugherty IA		75 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	John Drury 205 6th St S Swaledale IA 50477		20 <sup>00</sup>	<input checked="" type="checkbox"/>
8-29-04	ID# CK#	Marilyn Sheaha P.O. Box 39 Sheffield IA 50477		5 <sup>00</sup>	<input checked="" type="checkbox"/>
8-31-04	ID# CK#	David Gobelit 571 100th St Dows IA 50071		50 <sup>00</sup>	<input type="checkbox"/>
8-31-04	ID# CK#	Shirley Hograhe 334 100th St Dows IA 50071		30 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$ 305<sup>00</sup>

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 <b>A</b> (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)  
*Ziesman 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
8-31-04	ID# CK#	Mame Sopora 1210 30th St Iowa Falls IA 50126	niece	\$ 20 <sup>00</sup>	<input type="checkbox"/>
9-19-04	ID# CK#	Democratic Central Committee Franklin County Hempston IA 50441		201 <sup>00</sup>	<input checked="" type="checkbox"/>
9-19-04	ID# CK#	Roger Palmer 518 10th St SE Hempston IA 50441		25 <sup>00</sup>	<input checked="" type="checkbox"/>
9-17-04	ID# CK#	Betty Wesenberg 101 Dogwood Ave Dawson IA 50071		25 <sup>00</sup>	<input type="checkbox"/>
10-2-04	ID# CK#	Jim Jass 468 50th St Dawson IA 50071		20 <sup>00</sup>	<input type="checkbox"/>
10-4-04	ID# CK#	Diana Baker 942 44th St West Des Moines IA	sister	100 <sup>00</sup>	<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

\$ 391<sup>00</sup>  
2578<sup>00</sup>

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

**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)  
*Ziesman 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
7-19-04	ID# CK#	Hampton Public Library 4 Federal South C Hampton IA 50441	Copies of disclosure report	\$ 3 <sup>20</sup>
7-19-04	ID# CK#	Sheffield Press 305 Elmwood Sheffield IA 50477	subscription	25 <sup>00</sup>
7-23-04	ID# CK#	Bank One P.O. Box 94014 Palaten IL 60094-4014	Parade candy	83 <sup>99</sup>
8-7-04	ID# CK#	Dows Grocery 101 E Elsworth Dows IA 50071	parade candy	32 <sup>04</sup>
8-7-04	ID# CK#	Dows Corn Days Dows IA 50071	Parade lunch	25 <sup>00</sup>
8-9-04	ID# CK#	Dept of Secretary of State Lucas Bldg 5th floor 200 Monroe IA 50319	labels & lists	17 <sup>86</sup>
8-9-04	ID# CK#	Chase Platinum P.O. Box 5212 Phoenix AZ 85062-2126	Parade Candy	75 <sup>94</sup>
8-11-04	ID# CK#	Monroe Office Supply 521 Washington Iowa Falls IA 50126	envelopes	19 <sup>78</sup>
SUB-TOTAL				\$ 282 <sup>91</sup>
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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Ziesman 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
8-18-04	ID# CK#	<i>Monroe Office Supply 521 Washington Jawa Falls, Iowa 50316</i>	<i>letters</i>	<i>\$ 19<sup>31</sup></i>
8-20-04	ID# CK#	<i>Dow Grocery 101 E Elsworth Dows Ia 50071</i>	<i>Parade candy</i>	<i>16<sup>02</sup></i>
8-23-04	ID# CK#	<i>Post Office Main St Jawa Falls, Iowa 50316</i>	<i>postage</i>	<i>185<sup>00</sup></i>
8-26-04	ID# CK#	<i>D. Works 402 Fairview St Dows Ia 50071</i>	<i>+ shirts</i>	<i>60<sup>99</sup></i>
8-28-04	ID# CK#	<i>Down to Earth 101 E Elsworth St Dows Ia 50071</i>	<i>Parade balloons</i>	<i>32<sup>10</sup></i>
8-28-04	ID# CK#	<i>Booster Club Sheffield Ia 50777</i>	<i>Parade lunch</i>	<i>36<sup>00</sup></i>
8-28-04	ID# CK#	<i>Dow Grocery 105 E Elsworth Dows Ia 50071</i>	<i>Sundae supplies</i>	<i>115<sup>43</sup></i>
8-30-04	ID# CK#	<i>Secretary State Lucas Bldg 1st Floor Des Moines Ia 50319</i>	<i>labels</i>	<i>21<sup>48</sup></i>

SUB-TOTAL \$ *486<sup>33</sup>*

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Ziesman 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
8-30-04	ID# CK#	<i>Hampton Free Press 2nd St NW Hampton IA 50441</i>	<i>ad</i>	<i>\$ 26<sup>46</sup></i>
9-2-04	ID# CK#	<i>Sheffield Press 3rd St Sheffield IA</i>	<i>ad</i>	<i>16<sup>50</sup></i>
9-2-04	ID# CK#	<i>Dress Advocate 9 2nd St NW Hampton IA 50441</i>	<i>ad</i>	<i>10<sup>00</sup></i>
9-9-04	ID# CK#	<i>Times-Citizen P.O. Box 640 Jawa Falls IA 50126</i>	<i>ad</i>	<i>36<sup>60</sup></i>
9-9-04	ID# CK#	<i>Southern County News P.O. Box 916 Thornton IA 50429</i>	<i>subscriptions</i>	<i>20<sup>00</sup></i>
9-9-04	ID# CK#	<i>Casey Main St Adelphi IA</i>	<i>gas</i>	<i>15<sup>43</sup></i>
9-15-04	ID# CK#	<i>Tononroe Office Supply 521 Wardington Jawa Falls IA 50126</i>	<i>office supplies</i>	<i>20<sup>84</sup></i>
9-19-04	ID# CK#	<i>Wal-mart 50th Jawa Falls IA 50126</i>	<i>Office supplies for sign</i>	<i>19<sup>91</sup></i>
SUB-TOTAL				<i>\$ 165<sup>68</sup></i>
TOTAL (if last page of this schedule)				<i>\$</i>

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Ziesman 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
9-21-04	ID# CK#	<i>Wichley World Journal P. 060x640 Jawa Falls, Ia 50126</i>	<i>ad</i>	<i>\$18<sup>40</sup></i>
9-21-04	ID# CK#	<i>Kum &amp; Go 609 Central Ave Hampton Ia 50441</i>	<i>gas</i>	<i>27<sup>30</sup></i>
9-22-04	ID# CK#	<i>Monroe Office Supply 521 Washington St Jawa Falls Ia 50126</i>	<i>envelope fee</i>	<i>84<sup>96</sup></i>
9-22-04	ID# CK#	<i>Texas Citizen P. 060x640 Jawa Falls Ia 50126</i>	<i>ad</i>	<i>57<sup>50</sup></i>
9-22-04	ID# CK#	<i>Hampton Chronicle 121 1/2 St NW Hampton Ia 50441</i>	<i>ad</i>	<i>57<sup>75</sup></i>
9-25-04	ID# CK#	<i>Caseys Main St Jawa Falls Ia 50126</i>	<i>gas</i>	<i>28<sup>02</sup></i>
9-27-04	ID# CK#	<i>Post Office 8 Federal St South Hampton Ia 50441</i>	<i>stamps</i>	<i>370<sup>00</sup></i>
9-27-04	ID# CK#	<i>Baldwin Hardware Job Washing St Jawa Falls Ia 50126</i>	<i>Paint Supplies for signs</i>	<i>31<sup>00</sup></i>
SUB-TOTAL				<i>\$674<sup>85</sup></i>
TOTAL (if last page of this schedule)				<i>\$</i>

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE  
**B**  
(Rev. 07/03) MONETARY EXPENDITURES

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)  
*Ziesman 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
9-30-04	ID# CK#	Post Office @ Federal South Hampton Ia 50441	stamps	\$ 148 <sup>00</sup>
10-3-04	ID# CK#	Ace Hardware 416 Central Ave Hampton Ia	Paint supplies for signs	13 <sup>12</sup>
10-4-04	ID# CK#	South County News PO Box 96 Hampton Ia 50429	ads	11 <sup>76</sup>
10-5-04	ID# CK#	Post Office @ Federal South Hampton Ia 50441	Stamps	148 <sup>00</sup>
10-5-04	ID# CK#	Keim E Go 609 Central Ave Hampton Ia 50441	gas	25 <sup>06</sup>
10-8-04	ID# CK#	Remender 125 2nd NW Hampton Ia 50441	flyers	28 <sup>89</sup>
10-13-04	ID# CK#	Keim E Go 609 Central Ave Hampton Ia 50441	gas	25 <sup>65</sup>
	ID# CK#			

SUB-TOTAL \$ 400<sup>42</sup>  
TOTAL (if last page of this schedule) \$ 2010<sup>09</sup>

**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).)



FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

*Ziesman for Supervisor*

**Reset 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
9-30-04	Roger Palmer 510 10th St SE Houghton IA 50441		reams of Paper	\$ 40 <sup>00</sup>	<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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 40<sup>00</sup>

\*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.