

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Lee

COMMITTEE NAME (Must be same as on Statement of Organization)
 COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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: ANNE PEDERSEN
 Office Sought: LEE COUNTY AUDITOR
 Political Party (if applicable): DEMOCRATIC
 District (if Senate or House):

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

For Office Use Only

Comm. # 17541
 Logged In _____
 Scanned _____
 Computer _____
 Audited _____

Late reports are subject to possible civil and criminal penalties.

[Signature]
SIGNATURE OF PERSON FILING REPORT

319-372-5878
TELEPHONE

July 15, 2004
DATE SIGNED

I AM FILING A JULY 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 _____

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.) \$ 1,874.85

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2,260.00

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 \$ 4,134.85

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 3,529.94

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 604.91

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

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 187.50

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

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

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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)
COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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
05-17-04	ID# CK#	GARY & BARBARA MCVEY 1212 30TH STREET FORT MADISON, IA 52627	N/A	\$ 200.00	<input type="checkbox"/>
05-19-04	ID# CK#	JANET FIFE-LAFRENZ 1132 GRAND AVENUE KEOKUK, IA 52632	N/A	25.00	<input type="checkbox"/>
05-21-04	ID# CK#	THERESE O'BRIEN 1421 GRAND AVENUE KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	BRUCE & SUSAN DUNEK 2411 GRAND AVENUE KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	MAC & JOANN LAW #25 MELODY COURT KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	GARY & CLAUDIA ROSE 411 BLVD ROAD KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	PHILIP WISE 503 GRAND AVENUE KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	RAYMOND GOEKE 1905 GRAND AVENUE KEOKUK, IA 52632	N/A	20.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	MARY JO HENDRICKSON 1704 GRAND AVENUE KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	MING MING COLE #22 GREENBRIER COURT KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 545.00	
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)
COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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
05-21-04	ID# CK#	J. A. ROVANE P.O. BOX 611 KEOKUK, IA 52632	N/A	\$25.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	ROBERT J. WUSTROW 723 HAZELHURST CIRCLE KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	PRUDENCE BACKLIN 505 BURKE STREET KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	SANDY STARK P.O. BOX 371 KEOKUK, IA 52632	N/A	20.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	DOTTIE NEUMEISTER 511 EICHER STREET KEOKUK, IA 52632	N/A	15.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	ROBERT B. DICKEY 3387 MIDDLE ROAD KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	CHERI KEMP 2403 JOHNSON STREET ROAD KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	JANET FIFE-LAFRENZ 1122 GRAND AVENUE KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	PATRICIA KEMP 1 WAHKONSA HEIGHTS KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	MICHAEL & BARBARA SHOTWELL HAAS 1102 SEYMOUR KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 335.00	
TOTAL (if last page of this schedule)				\$	

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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)
COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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
05-21-04	ID# CK#	DEVERIE KIEDAISCH 1025 GRAND AVENUE KEOKUK, IA 52632	N/A	\$50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	MICHAEL & VERONICA KEARNS 3385 MIDDLE ROAD KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	SUE DASKALOS ATHENS AVENUE KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	FAYE FRAISE 1699 280TH AVENUE FORT MADISON, IA 52627	N/A	350.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	CHARLES S. MITCHELL 126 CONCERT KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	EDWARD K. JOHNSTONE II 1329 GRAND AVENUE KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	MARJORIE T. ROOST 1910 GRAND AVENUE KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	CHUCK & JANE ABELL 3646 MIDDLE ROAD KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	WILLIAM & JOAN LOGAN APT. #5, 601 MAIN KEOKUK, IA 52632	N/A	60.00	<input checked="" type="checkbox"/>
05-21-04	ID# CK#	UNITEMIZED CONTRIBUTIONS	N/A	25.00	<input checked="" type="checkbox"/>

SUB-TOTAL
\$ 735.00
TOTAL (if last page of this schedule)
\$

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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)
COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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(8), 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
05-22-04	ID# CK#	WILLIAM & SHARON VANDERSALL 2301 GRAND AVENUE KEOKUK, IA 52632	N/A	\$25.00	<input checked="" type="checkbox"/>
05-25-04	ID# CK#	JEANNE FOECKE P.O. BOX 8 PILOT GROVE, IA 52648	N/A	25.00	<input checked="" type="checkbox"/>
05-28-04	ID# CK#	WILLIAM E. OLMSTED 628 FRANKLIN KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-28-04	ID# CK#	JAMES E. HANKES 7 CARRIAGE GREENS ESTATES KEOKUK, IA 52632	N/A	25.00	<input checked="" type="checkbox"/>
05-28-04	ID# CK#	JOHN & LOUISE OROZCO 3708 WHISPERING LANE KEOKUK, IA 52632	N/A	50.00	<input checked="" type="checkbox"/>
05-28-04	ID# CK#	MARY A. ELGAR 403 W. COURTLAND STREET MOUNT PLEASANT, IA 52641	N/A	50.00	<input checked="" type="checkbox"/>
05-28-04	ID# CK#	W. TYLER LOGAN 1229 GRAND AVENUE KEOKUK, IA 52632	N/A	250.00	<input checked="" type="checkbox"/>
05-28-04	ID# CK#	MARCIA NICHOLS 5917 GREENDALE PLACE, #203 JOHNSTON, IA 50131	N/A	25.00	<input type="checkbox"/>
05-28-04	ID# CK#	LYNN MUEHLENTHALER BEDFORD 840 ELMWOOD COURT ALTOONA, IA 50009	N/A	25.00	<input type="checkbox"/>
05-28-04	ID# CK#	TODD TAYLOR 1416A AVENUE, NW CEDAR RAPIDS, IA 52405	N/A	20.00	<input type="checkbox"/>
SUB-TOTAL				\$520.00	
TOTAL (if last page of this schedule)				\$	

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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)*
COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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
06-03-04	ID# CK#	CARLEEN & RAYMOND KROGMEIER 51 - 5TH STREET WEST POINT, IA 52656	N/A	\$25.00	<input checked="" type="checkbox"/>
06-07-04	ID# CK#	WILSON & JEAN DAVIS, JR., M.D. 12 STONERIDGE DRIVE KEOKUK, IA 52632	N/A	100.00	<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"/>

SUB-TOTAL

\$ 125.00

TOTAL (if last page of this schedule)

\$2,260.00

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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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
Q CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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
05-18-04	ID# CK#1023	USPS 1019 AVENUE H FORT MADISON, IA 52627	POSTAGE FOR MAILINGS	\$ 74.00
05-22-04	ID# CK#1024	CRAFTSMAN PRESS 203 NORTH 3 RD STREET BURLINGTON, IA 52601	YARD SIGNS	561.75
05-22-04	ID# CK# 1025	LINDA LARKIN 1304 AVENUE B FORT MADISON, IA 52627	PAPER, COVER STOCK, INVITATIONS, TONER, LABELS, & INK CARTRIDGES	286.50
05-25-04	ID# CK# 1026	THE DAILY DEMOCRAT 1226 AVENUE H FORT MADISON, IA 52627	PRINT ADS	931.00
05-27-04	ID# CK# 1027	LEE & HANCOCK COUNTY SHOPPER 1830 KEOKUK STREET HAMILTON, IL 62341	PRINT AD	100.00
05-29-04	ID# CK# 1028	ANNE PEDERSEN 506 33 RD STREET FORT MADISON, IA 52627	REIMBURSE MEALS FOR CAMPAIGN WORKERS & 133 MILES @ .30 CENTS	52.37
06-02-04	ID# CK# 1029	USPS 1019 AVENUE H FORT MADISON, IA 52627	POSTAGE FOR MAILINGS	814.00
06-02-04	ID# CK# 1030	CRAFTSMAN PRESS 203 NORTH 3 RD STREET BURLINGTON, IA 52601	PRINTING POSTCARDS	141.24
SUB-TOTAL				\$ 2,960.86
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).)

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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
Q CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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
06-04-04	ID# CK# 1031	WAL MART 324 W. AGENCY ROAD WEST BURLINGTON, IA 52655	PRINTER, CABLE, INK CARTRIDGES, PAPER & THANK YOU NOTES	\$ 165.34
06-06-04	ID# CK# 1032	ANDREA PEDERSEN 77B HERITAGE HANNIBAL, MO 63401	REIMBURSE CAMPAIGN VOLUNTEER MILEAGE 170 MILES @ .30 CENTS	51.00
06-07-04	ID# CK# 1033	WITHERS BROADCASTING 108 WASHINGTON STREET KEOKUK, IA 52632	RADIO ADS	294.50
06-09-04	ID# CK# 1034	ANNE PEDERSEN 506 33 RD STREET FORT MADISON, IA 52627	REIMBURSE MILEAGE 121 MILES @ .30 CENTS	36.30
07-01-04	ID# CK# 1035	JAMES (MAC) LAW #25 MELODY COURT KEOKUK, IA 52632	REIMBURSE FOR ENVELOPES	6.94
07-05-04	ID# CK# 1036	RICK LARKIN 1304 AVENUE B FORT MADISON, IA 52627	REIMBURSE FOR FUNERAL FLOWERS	15.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL	\$	569.08
	\$	3,529.94

TOTAL (if last page of this schedule)

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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)(j).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE

E

IN KIND CONTRIBUTIONS

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

(Rev. 06/97)

COMMITTEE TO RE-ELECT PEDERSEN AUDITOR

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	V IF FOR FUND-RAISER CONTRIBUTION
05-21-04	FRED & THERESE O'BRIEN 1421 GRAND AVENUE KEOKUK, IA 52632	N/A	FOOD & BEVERAGES	\$ 25.00	<input checked="" type="checkbox"/>
05-21-04	CHERI KEMP 2403 JOHNSON STREET ROAD KEOKUK, IA 52632	N/A	FOOD & BEVERAGES	25.00	<input checked="" type="checkbox"/>
05-21-05	PATRICIA KEMP 1 WAHKONSA HEIGHTS KEOKUK, IA 52632	N/A	FOOD & BEVERAGES	25.00	<input checked="" type="checkbox"/>
05-21-04	MICHAEL & VERONICA KEARNS 3385 MIDDLE ROAD KEOKUK, IA 52632	N/A	FOOD & BEVERAGES	25.00	<input checked="" type="checkbox"/>
05-21-04	MARJORIE T. ROOST 1910 GRAND AVENUE KEOKUK, IA 52632	N/A	FOOD & BEVERAGES	25.00	<input checked="" type="checkbox"/>
05-21-04	CHUCK & JANE ABELL 3646 MIDDLE ROAD KEOKUK, IA 52632	N/A	FOOD & BEVERAGES	25.00	<input checked="" type="checkbox"/>
05-17-04	JERRY KEARNS 402 HICKORY TERRACE KEOKUK, IA 52632	N/A	150 YARD SIGN WIRES @ .25 PER WIRE	37.50	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 187.50	
TOTAL (if last page of this schedule)				\$ 187.50	

*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.