

Reset Form

DISCLOSURE SUMMARY PAGE

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

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

IMPORTANT: Indicate by # type of committee you are reporting for: 6
 (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: NOV 4 2005

Candidate Name PAT SHEY Political Party (if applicable) _____
 Office Sought CITY COUNCIL District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

[Signature] 319-362-2277 10-31-05
SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A 10/31/05 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
11-8-05
 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.) \$ _____

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 15,999.53

Schedule F: Loans Received total (Attach Schedule F) 5,000.00

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 20,999.53

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 12,724.14

Schedule F: Loan Repayments total (Attach Schedule F) 4,000.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 4,275.39

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 1018.55

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

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 381.60

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

This is an initial* Statement of Organization

This is an amended* Statement of Organization

*An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization. A candidate with an open committee that exceeds \$750 in activity for another office shall file within 10 days either a new or amended DR-1 disclosing information concerning the campaign for the new office sought.

Reset Form

FORM DR-1 (REV. 05/2005)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME ↓ ↓
Patshey.com

IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide 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

COMMITTEE TREASURER (mandatory for all committees)

Name ↓ ↓ _____

Mailing Address ↓ ↓ _____

City, State ↓ ↓ Zip Code ↓ ↓ _____

Phone () _____

e-Mail _____

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓ ↓ _____

Mailing Address ↓ ↓ _____

City, State ↓ ↓ Zip Code ↓ ↓ _____

Phone () _____

e-Mail _____

INDICATE PURPOSE OF COMMITTEE – Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)
 Comment or description: _____

All Candidates Enter:
 Office Sought: _____ District: _____
 Political Party (if applicable) _____ Year Standing for Election: _____
County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: _____ Date of Election: _____

Bank Account Name ↓ ↓
Patricia S. SHEY DBA PATSHEY.COM
 Name of Financial Institution/type of Account ↓ ↓
CEDAR RAPIDS BANK & TRUST
 Mailing Address ↓ ↓
500 1ST AVE N.E
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
CEDR RAPIDS IA 52403

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
 ↓ ↓
 Mailing Address ↓ ↓ _____
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓ _____
 Phone () _____
 e-Mail _____

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee filing this statement for purposes of using the shorter "paid for by" and who have not crossed the \$750 shall notify the Board that the \$750 threshold will not be crossed.
4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
5. A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

 Signature of Treasurer

 Signature of Candidate, OR, for all other committees, Chairperson

 Date Signed

10-31-05
 Date Signed

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)
putshkey.com

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
10/4/05	ID# CK#	PAUL ROSSBELLER & BARB FULTON 512 KNOLLWOOD DR SE CA 52403		\$ 100	<input type="checkbox"/>
10/4	ID# CK#	BOB & ELIZ. ALLSOP 173 KYLIE CEDAR RAPIDS		50	<input type="checkbox"/>
10/4	ID# CK#	HENRY & ANN REYER 330 ROSEDALE SE CA 52403		100	<input type="checkbox"/>
10/4	ID# CK#	DENNIS WANGEMAN 3303 RESTON CT CA 52402		100	<input type="checkbox"/>
10/4	ID# CK#	LARRY GLADSON 7622 THORNDALE CA 52402		50	<input type="checkbox"/>
10/4	ID# CK#	MO 16 AM 360 PARKLAND DR SE CA 52403		50	<input type="checkbox"/>
10/4	ID# CK#	DON & JON FLYNN 3227 PARKVIEW CT SE CA 52403		100-	<input type="checkbox"/>
10/4	ID# CK#	BOB & TARA MOORMAN 3505 GRANT WOOD SE CA 52403		50	<input type="checkbox"/>
10/4	ID# CK#	TOM PARKS 177 RYECROFT SE CA 52403		100	<input type="checkbox"/>
10/4	ID# CK#	JOEL & SHELLY McVAY 3817 TAHOE CA 52403		100	<input type="checkbox"/>

SUB-TOTAL

\$ 800

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



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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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(Including candidate's personal funds)

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

patshey.com

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10/04	ID# CK#	JIM BROWN 420 PHAETON DR. RUBINS IA 52328		\$ 250	<input type="checkbox"/>
10/00	ID# CK#	TOM SLATTERY 111 COTTAGE GROVE CR 52403		100	<input type="checkbox"/>
10/04	ID# CK#	DON NEBEAML 2919 APPLEWOOD PL NE CR 52402		50	<input type="checkbox"/>
10/04	ID# CK#	ARTHUR KUDWANT 1307 222 MT VERNON IA		100	<input type="checkbox"/>
10/04	ID# CK#	JON/KIM CUSHING 3717 COPPERMILL RD NE CR 52402		50	<input type="checkbox"/>
10/4	ID# CK#	JIM & ANNE PARE 3699 NORTHFUNK SE CR 52403		100	<input type="checkbox"/>
10/4	ID# CK#	DVANE SMITH 421 4 th AVE SE CR 52403		250	<input type="checkbox"/>
10/4	ID# CK#	RON & CAROLINE LARSON 2225 RIDGEWAY SE CR 52403		50	<input type="checkbox"/>
10/4	ID# CK#	JERRY ZIESE 1759 APPLEWOOD NE CR 52402		50	<input type="checkbox"/>
10/4	ID# CK#	MIKE SCHMITZ 318 NASSAU CR 52403		100	<input type="checkbox"/>

SUB-TOTAL

\$ 1100

TOTAL (if last page of this schedule)

\$

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Reset Form

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<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)
patshay.com

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10/04	ID# CK#	DAVID PICKFORD 2115 1ST AVE SE CA 52403		\$ 150	<input type="checkbox"/>
10/04	ID# CK#	BILLY BERKHOF 2222 1ST AVE NE CA 52402-6377		100	<input type="checkbox"/>
10/04	ID# CK#	AL/NAMMY BOSSEY 509 FOREST SE CA 52403		10	<input type="checkbox"/>
10/04	ID# CK#	PAUL RHINES 176 RYE CROFT SE CA 52403		100	<input type="checkbox"/>
10/04	ID# CK#	RICH ALTUNFER 221 FOREST SE CA 52403		100	<input type="checkbox"/>
10/04	ID# CK#	KIM & KATHERINE BRUKW 2249 GRANDE SE CA 52403		100	<input type="checkbox"/>
10/04	ID# CK#	LINDA/MIKE O'DUNNELL 2191 BLAKE SE CA 52403		100	<input type="checkbox"/>
10/04	ID# CK#	CAL ERNST 3860 DEER VALLEY MARION 52302		50	<input type="checkbox"/>
10/04	ID# CK#	CARA & LEE ANNE HATWAY 508 VERNON SE CA 52403		50	<input type="checkbox"/>
10/04	ID# CK#	BRENT COBB 1801 WOODCREST NE CA 52402		100	<input type="checkbox"/>

SUB-TOTAL

\$ 910
\$

TOTAL (if last page of this schedule)

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<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)

pc key.com

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10/09/05	ID# CK#	BOB & CORINNE YAW 183 RYECROFT SE CA 52403		\$ 100	<input type="checkbox"/>
10/04	ID# CK#	DAVE BEMUS 4617 MARSUE NE CA 52403		100	<input type="checkbox"/>
10/04	ID# CK#	ROD JIRUSKA 379 GREEN VALLEY NE CA 52403		200	<input type="checkbox"/>
10/04	ID# CK#	FURRES OLDUNG 4361 157 AVE SE CA 52403		100	<input type="checkbox"/>
10/04	ID# CK#	KORY KAZIMUK 2041 FOREST SE CA 52403		100	<input type="checkbox"/>
10/04	ID# CK#	JOE & CAROLYN KIRBY 4302 ROXBURY DR NW CA 52403		100	<input type="checkbox"/>
10/04	ID# CK#	STEVE / SUSAN OVEL 2259 WASHINGTON STE CA 52403		50	<input type="checkbox"/>
10/04	ID# CK#	DEL/DEE BLOCK 3407 RIVER POINTIE LN. CA 52403		25	<input type="checkbox"/>
10/10	ID# CK#	JIM / SHERIE JUSTICE 4915 OLDE MILL NE CA 52411		100	<input type="checkbox"/>
12/04	ID# CK#	MARC/KAREN DULANEY 1307 OAK DR SE CA 52403		100	<input type="checkbox"/>
SUB-TOTAL				\$ 975	
TOTAL (if last page of this schedule)				\$	

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<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)

pcfskey.com

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10-4	ID# CK#	CHRIS & SARAH FISCHER 2429 FOYTRAIL NE CA 52402		\$ 50	<input type="checkbox"/>
10-6	ID# CK#	RICHARD FELTER 2626 INDIAN HILL SE CA 52403		50	<input type="checkbox"/>
10-6	ID# CK#	TODD & THERESA COBY 510 KNULLWOOD SE CA 52403		150	<input type="checkbox"/>
10-6	ID# CK#	BRAD & JADE HART 2325 HILLCREST SE CA 52403		100	<input type="checkbox"/>
10-6	ID# CK#	DAN LYNCH 410 MT. VERNON RD MT VERNON IA 52314		50	<input type="checkbox"/>
10-6	ID# CK#	GREG & DEBBIE NEUMEYER 168 S MACKENZIE CA 52411		100	<input type="checkbox"/>
10-6	ID# CK#	DENNIS FORD 4225 PIONEER TRAIL CA 52403		50	<input type="checkbox"/>
10-6	ID# CK#	TAD & SUZI COOPER 3600 RIMROCK CA 52403		100	<input type="checkbox"/>
10-6	ID# CK#	TERRY & CAREY DOWNS GIBSON 2149 LINDEN SE CA 52403		50	<input type="checkbox"/>
10-6	ID# CK#	KEVIN & REBECCA Mc CARVILLE 1803 MARY BETH NW CA 52405		100	<input type="checkbox"/>
SUB-TOTAL				\$ 800	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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10-6	ID# CK#	ACE & POLLY BOSSEY 1745 APPLEWOOD NE CA S2402		\$ 100	<input type="checkbox"/>
10-6	ID# CK#	BUDDY & SUSAN NICHOLS 3600 HIGH RIDGE CA S2403		100	<input type="checkbox"/>
10-6	ID# CK#	JOHN WOLLMEN 4 SYLVAN LN CA S2403		100	<input type="checkbox"/>
10-6	ID# CK#	LARRY & LINDA BERLAME 2131 LINDEN SE CA S2403		100	<input type="checkbox"/>
10-6	ID# CK#	TOM & RACHEL HALEY 2570 INDIAN HILL RD CA S2403		100	<input type="checkbox"/>
10-6	ID# CK#	JOEL & SANDI SCHMIOT 1721 EMERALD CT ROBINS IA S2328		25	<input type="checkbox"/>
10-6	ID# CK#	MIKE GARY 2417 FOX TRAIL DR NE CA S2402		100	<input type="checkbox"/>
10-6	ID# CK#	TOM & KATHY ALLER 1089 CEDAR WOODS RD CEDAR RAPIDS S2403		100	<input type="checkbox"/>
10-6	ID# CK#	JOE SPREITZER BOX 1288 CA S2406		100	<input type="checkbox"/>
10-6	ID# CK#	LOREN & PAT COPPICK 3605 TIMBERLINE DR NE CA S2403		100	<input type="checkbox"/>
SUB-TOTAL				\$ 925	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
pac key.com

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10-6	ID# CK#	TOM & SARAH ANDERSON 2261 GRANDE CR S2403		\$ 100	<input type="checkbox"/>
10-6	ID# CK#	SCOTT FRANK 3820 RICHMOND NW CR S2405		100	<input type="checkbox"/>
10-6	ID# CK#	EMMETT SCHELMANN 702 BENJAM RIDGE CT SE CR S2403		50	<input type="checkbox"/>
10-6	ID# CK#	DONALD LINDER & NEIL BONDREAY 2900 HUNTERS RIDGE MARION S2302		100	<input type="checkbox"/>
10-6	ID# CK#	JOHN HELBLING 721 BEAVER RIDGE CT SE CR S2403		100	<input type="checkbox"/>
10-6	ID# CK#	RICH MURPHY 4358 KENILWORTH SE CR S2403		100	<input type="checkbox"/>
10-7	ID# CK#	HUNTER PARKS 1843 RED HAW MARION		100	<input type="checkbox"/>
10-7	ID# CK#	WM & JUDY McCRACKEN 135 TOMAHAWK TRL SE CR S2403		100	<input type="checkbox"/>
10-7	ID# CK#	DAVE & NANCY HART 4016 NORTH FORK SE CR S2403		100	<input type="checkbox"/>
10-7	ID# CK#	DAVE UNZERTIG 308 ANDOVER CR S2403		100	<input type="checkbox"/>
SUB-TOTAL				\$ 950	
TOTAL (if last page of this schedule)				\$	

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<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)

pc tshay - cm

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10-7	ID# CK#	MARTY & JULIANNE SMITH 3005 PINNEY WOODS CR S2403		\$ 100	<input type="checkbox"/>
10-10	ID# CK#	LONNIE & DEB FOSTER 5609 GRANDVIEW COCCON IA 52218		50	<input type="checkbox"/>
10-10	ID# CK#	PETE LAYDEN 2855 BLAKE BLVD SE CR S2403		50	<input type="checkbox"/>
10-10	ID# CK#	WEE & BRITNEY COUNTER 277 THUNDERBOLT SE CR S2403		100	<input type="checkbox"/>
10-10	ID# CK#	JIM & KAREN LAMB 2835 SILVER OAK MARION S2302		100	<input type="checkbox"/>
10-10	ID# CK#	CALVIN NORRIS & ANOREA LEWENEN - NORRIS 1844 2ND AVE, SE, CR S2403		100	<input type="checkbox"/>
10-10	ID# CK#	TOM & JEAN HUFFMAN 211 SANDHORN NE CR S2403		100	<input type="checkbox"/>
10-10	ID# CK#	TIM & KRISTIN NUVAIK 2040 44TH ST SE CR S2403		100	<input type="checkbox"/>
10-10	ID# CK#	Geo. & JANE McCLAIN 251 23RD ST DR SE CR S2403		50	<input type="checkbox"/>
10-10	ID# CK#	BOB & CHERIE BUTLER 2106 COUNTRY CLUB SE CR S2403		30	<input type="checkbox"/>
SUB-TOTAL				\$ 780	
TOTAL (if last page of this schedule)				\$	

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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)

patskey.com

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
10-12	ID# CK#	PETER WELCH CEM RAPIDS		\$ 50	<input type="checkbox"/>
10-12	ID# CK#	BERNIE & BARBARA COOPER 575 ASPEN LN CA 52328		100	<input type="checkbox"/>
10-12	ID# CK#	JIM & SHERRY SINES 4241 SUNLAND CT SE CA 52403		50	<input type="checkbox"/>
10-12	ID# CK#	BILL & JUDY KAY ROEMERMAN 2231 MEADOWBROOK SE CA 52403		50	<input type="checkbox"/>
10-12	ID# CK#	BOB & POLLY HATMA 3640 HONEY HILL SE CA 52403		50	<input type="checkbox"/>
10-12	ID# CK#	BILL & CINDY NICHOLSON 365 LINDSAY LN SE CA 52403		100	<input type="checkbox"/>
10-12	ID# CK#	JACK & NANCY EVANS 2336 LINDEN DR SE CA 52403		50	<input type="checkbox"/>
10-12	ID# CK#	DAN & KATHY NOSBISH 3440 ORIOLE CIR NE CA 52403		100	<input type="checkbox"/>
10-12	ID# CK#	BEN & KATHERYNE BLACKSTOCK 525 INDIAN RD SE CA 52403		20	<input type="checkbox"/>
10-12	ID# CK#	JIM & SALLY BARRY 134 TAHOE CT SE CA 52403		100	<input type="checkbox"/>
SUB-TOTAL				\$ 670	
TOTAL (if last page of this schedule)				\$	

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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)
DeFrey.com

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
12-12	ID# CK#	CHRIS & SUZY DEWOLF 2320 LINDEN SE CA 52403		\$ 50	<input type="checkbox"/>
10-12	ID# CK#	DANA & SUZANNE NICHOLS 2410 BEVER SE CA 52403		100	<input type="checkbox"/>
10-12	ID# CK#	JEFF & TERA ELGIN 6940 BOWMAN LN NE CA 52402		200	<input type="checkbox"/>
10-12	ID# CK#	BRAAD & CONNIE CANFIELD 4731 LEPRECHAUN LN NE CA 52402		100	<input type="checkbox"/>
10-12	ID# CK#	DAVE & ANNE NORDSTROM 3400 HIGH RIDGE DR SE CA 52403		100	<input type="checkbox"/>
10-12	ID# CK#	DAVE & KAREN THIMMES 286 THUNDERBIRD SE CA 52403		50	<input type="checkbox"/>
10-12	ID# CK#	JIM & ROSEMARY THOMSON 2220 TIMBER CREEK DR MARION IA 52302		50	<input type="checkbox"/>
10-12	ID# CK#	JIM MCKINSTAY 2253 INDIAN HILL DR SE CA 52403		100	<input type="checkbox"/>
10-12	ID# CK#	ANDREW & REAGAN MURF 516 23RD ST SE CA 52403		25	<input type="checkbox"/>
10-12	ID# CK#	MARK ANDERLANDO 540 VERNON SE CA 52403		50	<input type="checkbox"/>
SUB-TOTAL				\$ 825	
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)

McClellan

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
10-12	ID# CK#	JOHN LINGE 41200 152 AVE NE CA 52402		\$ 100	<input type="checkbox"/>
10-17	ID# CK#	DAVID & MARY RATER 530 VERNUN SE CA 52403		25	<input type="checkbox"/>
10-17	ID# CK#	JIM & JEAN TINKER 2304 HILLCREST SE CA 52403		50	<input type="checkbox"/>
10-17	ID# CK#	CHUCK & PAULA BURGMAYER 7703 WINSTON NE CA 52403		50	<input type="checkbox"/>
10-17	ID# CK#	JIM & CHRIS ANGSTMAN 5827 BETHPAGE S.W CA 52404		50	<input type="checkbox"/>
10-17	ID# CK#	CARL & CAROL ESKER 2230 DAVID CT. NE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	STEVE & MUFFY MCGURK 12 COTTAGE GROVE WOODS SE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	DOUG OLSON 2190 COUNTRY CLUB SE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	BRANDT & SANDY ^{WORLEY} 316 ASHLAND SE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	DAVE GRAEFF 51 2975 AVE DR SW CA 52405		100	<input type="checkbox"/>
SUB-TOTAL				\$ 775	
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)
De Keyser

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
10-17	ID# CK#	WALDO & CHARLOTTE MORRIS 4512 LAKESIDE RD MARION IA 52302		\$100	<input type="checkbox"/>
10-17	ID# CK#	BILL QUARTON 134 KYRIE SE CA 52403		250	<input type="checkbox"/>
10-17	ID# CK#	BOB & JON KALIMON 321 NASSAU SE CA 52403		200	<input type="checkbox"/>
10-17	ID# CK#	FREN TIMKO BOY 5513 CA 52406		250	<input type="checkbox"/>
10-17	ID# CK#	CHRIS & MIKI SKOGMAN 2544 COUNTRY CLUB SE CA 52403		250	<input type="checkbox"/>
10-17	ID# CK#	GREG & WENDY DUNN 3221 COTTAGE GROVE SE CA 52403		250	<input type="checkbox"/>
10-17	ID# CK#	CLARK & MARY McLEOD 4970 LAKESIDE MARION IA 52302		100	<input type="checkbox"/>
10-17	ID# CK#	STEVE & ANN KNIERIM 2241 LINDEN SE CA 52403		50	<input type="checkbox"/>
10-17	ID# CK#	JIM & TEEL THEBEAU 2020 COTTAGE GROVE SE CA 52403		50	<input type="checkbox"/>
10-17	ID# CK#	MARY & DICK MEISTERLING 321 COTTAGE GROVE GREEN VALLEY TWP SE CA 52403		100	<input type="checkbox"/>
SUB-TOTAL				\$1600	
TOTAL (if last page of this schedule)				\$	

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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)
nc key.com

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
10-17	ID# CK#	DARYL & SUSAN SPIVEY 2107 SANSALWOOD NE CA 52403		\$100	<input type="checkbox"/>
10-17	ID# CK#	DAVE ZYLSTRA & TIFFANY EARL 532 KNOLLWOOD DR SE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	MARK & JAN WATSON 2508 WAGON TRAIL SE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	NANCY LORENZINI & KEITH KODEC 2165 BLAKE SE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	TODD & KIM NOREUIL 2508 WAGON TRAIL SE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	PAT & SANDY COBB Box 70 HIAWATHA IA 52233		100	<input type="checkbox"/>
10-17	ID# CK#	DON & MELINDA MULLER 2112 COTTAGE CRY. MEADOWS CA 52403		250	<input type="checkbox"/>
10-17	ID# CK#	VIRGINIA BLARK 2115 152 AVE SE CA 52403		25	<input type="checkbox"/>
10-17	ID# CK#	BILL & LUV McCARTAN 316 ANDOVER SE CA 52403		100	<input type="checkbox"/>
10-17	ID# CK#	SCOTT & GAIL NAV 5201 BROADVIEW SE CA 52403		100	<input type="checkbox"/>
SUB-TOTAL				\$1075	
TOTAL (if last page of this schedule)				\$	

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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)
Deft Key.com

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
10-17	ID# CK#	CHUCK RUHDE Box 368 CR S2406		\$ 250.	<input type="checkbox"/>
10-17	ID# CK#	TIM & DEBBIE CRAIG 4801 MILL BROOK NE CR S2411		50	<input type="checkbox"/>
10-17	ID# CK#	WAYNE & SHIRLEY ENGLE Box 708 MARION IA S2302		250	<input type="checkbox"/>
10-19	ID# CK#	BARRY & GILDA BOYER 7100 GREEN PRAIRIE CR S2411		100	<input type="checkbox"/>
10-19	ID# CK#	BRENDA PUELLO 1310 FOREST GLEN CT SE CR S2403		50.	<input type="checkbox"/>
10-19	ID# CK#	DAVE & STACEY O'BRIEN 4726 LEPRECHAUN CR S2411		100	<input type="checkbox"/>
10-19	ID# CK#	TOM & CHRISTINE HAYDEN 3123 PINNEY WOODS LN SE CR S2403		150	<input type="checkbox"/>
10-19	ID# CK#	DAVE ENGLE Box 708 MARION S2302		200	<input type="checkbox"/>
10-19	ID# CK#	TED & CATHY TOWNSEND 13 COTTAGE CREEK WDS SE CR S2403		100	<input type="checkbox"/>
10-19	ID# CK#	PAT TULLEY 3707 KNIGHT SW CR S2404		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1350	
TOTAL (if last page of this schedule)				\$	

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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)
pe t h e n e c o m

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
10-19	ID# CK#	RICK & HEIDI BROWN 326 ROCK RIDGE NW CA 52405		\$ 100	<input type="checkbox"/>
10-19	ID# CK#	PAT & SALLY COURTNEY 3516 TIMBERLINE SE CA 52403		100	<input type="checkbox"/>
10-19	ID# CK#	JIM & ANN SCHMITT 185 MURROW CT CA 52411		50	<input type="checkbox"/>
10-19	ID# CK#	JIM BRADLEY 2007 152 AVE SE CA 52403		100	<input type="checkbox"/>
10-20	ID# CK#	PHIL & DONNA GALLAND 7405 BECKETT NE CA 52403		100	<input type="checkbox"/>
10-20	ID# CK#	JOHN & DINA DUSEIG 4293 FOX MEADOW NE CA 52403		75	<input type="checkbox"/>
10-20	ID# CK#	ELIOT KELLER 1244 DEVON IOWA CITY 52240		25	<input type="checkbox"/>
10-20	ID# CK#	PAT MCGRATH 1600 5152 ST NE CA 52403		100	<input type="checkbox"/>
10-20	ID# CK#	MARK HANNAHAN & ANN DUNK 846 AUGUSTA DR - SE CA 52403		100	<input type="checkbox"/>
10-25	ID# CK#	GORDON EPPING 1118 FOREST GLEN SE CEDAR RAPIDS 52403		60	<input type="checkbox"/>
SUB-TOTAL				\$ 810	
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)
patshey.com

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
10-25-05	ID# CK#	TRANSFER U.S. BANK ACCT.		\$378.26	<input type="checkbox"/>
10-25	ID# CK#	BOB & SUE LATHAM 356 PARK TER SE CEDAR RAPIDS 52403		100.	<input type="checkbox"/>
10-25	ID# CK#	JAMES C. MANVILLE 100 THOMPSON DR SE CEDAR RAPIDS 52403		100.	<input type="checkbox"/>
10-25	ID# CK#	STEVE & MARY BETH ALLSOP 521 FAIRVIEW DRIVE SE CA 52403		250	<input type="checkbox"/>
10-25	ID# CK#	HOWARD & STACY FRIEDMAN 360 FOREST DR. SE CA 52403		100	<input type="checkbox"/>
10-25	ID# CK#	BOB & PATTI KLAUS 3523 LUCHWOOD DR NE CA 52403		50	<input type="checkbox"/>
10-25	ID# CK#	STEVE & KATHY KRUSIE 3121 ADIRONDACK NE CA 52403		50	<input type="checkbox"/>
10-25	ID# CK#	DON LINDER & NEIL BONDREAU 2900 HUNTERS RIDGE RD MARION 52302		100	<input type="checkbox"/>
10-25	ID# CK#	BOB BEVENOUR 3839 BELDEN CT NE CA 52402		100	<input type="checkbox"/>
10-25	ID# CK#	DOUG & CELE VAN METRE 440 SQUAW CREEK MARION 52302		50	<input type="checkbox"/>
SUB-TOTAL				\$1278.26	
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)

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
10-28	ID# CK#	DOVE & MARCIA MACHAVER 4414 N. ALBURNETT RD ALBURNETT, IA 52202		\$ 50	<input type="checkbox"/>
10-28	ID# CK#	JEFF & AMANDA HENNESSEY 2345 TIMBER CREEK MARION 52302		150	<input type="checkbox"/>
10-28	ID# CK#	DAVE ERNST 2206 FOX TRAIL CEDAR RAPIDS 52412		100	<input type="checkbox"/>
10-28	ID# CK#	TOM & JORETTA BARBEE 1968 HIGHVIEW CORALVILLE IA 52241		50	<input type="checkbox"/>
10-28	ID# CK#	SCOTT & JULIE GASWAY 380 GREEN VALLEY TER CA 52403		25	<input type="checkbox"/>
10-28	ID# CK#	INTERACT CEDAR RAPIDS BANK TRUST		1.27	<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

\$ 376.27

TOTAL (if last page of this schedule)

\$ 15,999.53

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FOR INSTRUCTIONS, SEE BACK OF FORM

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)
Patskey.com

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
10-8-05	ID# CK# 14	LAMAR 1957 BLAIRS FERRY CA 52402	BILLBOARDS	\$ 3630. ⁰⁰
10/10/05	ID# CK# 1	ODDEN ADAMS LUMBER 123 32 ND ST. DR SF CA 52402	PLYWOOD	35.24
10/10/05	ID# CK# 2	OFFICE MAX 327 COLLINS RD CA 52402	CLIPBOARDS & PENS	9.42
10/10/05	ID# CK# 3	OFFICE MAX 327 COLLINS RD CA 52402	ENVELOPES & PAPER	31.47
10/11/05	ID# CK# 4	KLINGER PAINTS 335 5 TH AVE SE CA 52403	PAINT	59.15
10/10/05	ID# CK# 5	OFFICE MAX 327 COLLINS RD CA 52402	PAPER	25.89
10-20-	ID# CK# X	PAT & NANCY SAEY 501 KNOXWOOD DR SE CA 52403	X	—
10-29	ID# CK# 6	MEDIA COUNCIL NE 6300 COUNCIL NE CA 52402	CABLE TV COMMERCIALS	5000.00
SUB-TOTAL				\$ 8791.17
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



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)

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
10/22/05	ID# CK# 7	PHOTO PRO 153 COLLINS NE CA 52402	PHOTO FINISHING	\$ 29.97
10/22/05	ID# CK# 8	U.S. POST OFFICE 1380 60TH STN NE CA 52403	STAMPS	148.00
10/24/05	ID# CK# 9	IOWA ETHICS CAMPAIGN FINANCE	ASSESSMENT	100.00
10/28/05	ID# CK# 10	U.S. POST OFFICE 1380 60TH STN NE CA 52403	STAMPS	185.00
10/26	ID# CK# 12	KGAN - TV 600 OLD MANUW CA 52406	TV	1750.00
10/26	ID# CK# 13	KFYA - TV 600 OLD MANUW CA 52406	TV	1225.00
10/31	ID# CK# 14	KGAN - TV 600 OLD MANUW CA 52406	TV	495.00
	ID# CK#			
SUB-TOTAL				\$ 3932.97
TOTAL (if last page of this schedule)				\$ 12,724.14

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 D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
7/26/05	PAT : NANCY SHEV 501 KNULLWOOD SE CA 2403	DATABASE (LINN CO. AUDITOR)	\$ 76.00
9/1/05	" "	CLIPBOARDS & PENS (OFFICE MAY)	6.27
9/20/05	" "	PAPER & ENVELOPES (OFFICE MAY)	114.75
9/12/05	" "	MAPS (AUDITOR'S OFFICE)	5.00
8/10/05	" "	USED LAPTOP (MIDWEST COMPUTERS WARRING RD)	381.60
9/11/05 10/20/05	P " "	CUSTOM STAMP & NAME BADGE (BEN FRANKLIN)	32.25
9/15/05	" "	ENVELOPES (OFFICE MAY)	25.28
SUB-TOTAL			\$ 641.15
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1018.55

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

pc fshy.com

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/28/05	POB : NANCY SHAY SUI KNOLLWOOD DR SE CA S 2/03	STAMPS (U.S. P.O)	\$ 370 ⁰⁰
10/3/05	" "	STAMPS	\$ 7.40
SUB-TOTAL			\$ 377.40
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

Reset Form

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

PART I - MONETARY LOANS RECEIVED THIS 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.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
10-4-05	PAT & NANCY SHEY 501 KNOLLWOOD SE CA 92403	SELF	\$ 5000.

TOTAL (PART I) \$ 5000

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

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
10-20-05	PAT & NANCY SHEY 501 KNOLLWOOD SE CA 92403	SELF	\$ 1500.
10/24/05	" "	SELF	500.
10/31/05	" "	SELF	2000

TOTAL CASH REPAYMENTS (PART II) \$ 4000
From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1000

*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.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Reset Form

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
8/10/05	USED LAPTOP	381.60	381.60

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 381.60

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ 0

TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)