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FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

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

COMMITTEE NAME (Must be same as on Statement of Organization) Citizens for John Temple IMPORTANT: Indicate type of committee you are reporting for: 4 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates CANDIDATE COMMITTEES ONLY: Candidate Name John Temple Political Party N/A Office Sought City Council District (if Senate or House) N/A

Signature of Treasurer: Diane C. Bridgewater SIGNATURE OF TREASURER (of person filing this report)

515-270-8560 TELEPHONE

10-28-03 DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 10/30 (5 days prior to election) REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR. (report date)

Indicate one 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election 11/04/03 County & Local Committees, enter County in which Election is held Polk

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (0.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 4860.00, Schedule F: 100.00, Schedule H: 0.00, SUB-TOTAL: 4960.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 4335.62, Schedule F: 100.00), CASH ON HAND at the end of this reporting period (524.38), **UNPAID BILLS (0.00), *IN KIND CONTRIBUTIONS (321.18), **OUTSTANDING LOANS (0.00), CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (YES/NO), VALUE OF CAMPAIGN PROPERTY (0.00)

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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)
Citizens for John Temple

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
9/16/03	ID# CK#	Keven Crawford 506 SE 11th Ankeny, IA 50021		\$100.00	<input type="checkbox"/>
9/16/03	ID# CK#	Robert G. Mills 2909 99th St. Urbandale, IA 50322		250.00	<input type="checkbox"/>
9/16/03	ID# CK#	R.L. Walters PO Box 71094 Clive, IA 50325		250.00	<input type="checkbox"/>
9/16/03	ID# CK#	John W. Grubb 2755 106th St. Des Moines, IA 50322		250.00	<input type="checkbox"/>
9/16/03	ID# CK#	Stephen R. Grubb 475 S. 50th Street Suite 100 West Des Moines, IA 50265		250.00	<input type="checkbox"/>
9/16/03	ID# CK#	John C. Kline 2171 Grand Avenue West Des Moines, IA 50265		250.00	<input type="checkbox"/>
9/23/03	ID# CK#	Catherine Engstrom 5951 Village Circle Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
9/22/03	ID# CK#	Russell Underwood 8111 Wellington BLVD Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
9/26/03	ID# CK#	Craig Faber 1713 Thornwood Rd West Des Moines, IA 50265		50.00	<input checked="" type="checkbox"/>
9/26/03	ID# CK#	David Butterwick 6349 Winwood Drive Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1600.00	
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.

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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)*
 Citizens for John Temple

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9/26/03	ID# CK#	Steven V. Scott 611 N. Winwood Johnston, IA 50131		\$50.00	<input checked="" type="checkbox"/>
9/26/03	ID# CK#	Mary Jane Paez 6165 Crabapple Ln Johnston, IA 50131		40.00	<input checked="" type="checkbox"/>
9/29/03	ID# CK#	Brian Laurenzo 5508 Garrison Ct. Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
9/27/03	ID# CK#	Gary Bridgewater 8161 Heather Bow Johnston, IA 50131		200.00	<input checked="" type="checkbox"/>
9/27/03	ID# CK#	Gregory P. Judas 8009 Tiburon Place Johnston, IA 50131		250.00	<input checked="" type="checkbox"/>
9/29/03	ID# CK#	Richard L. Timmerman 5824 Dogwood Lane Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
9/29/03	ID# CK#	Michael D. Abrams 8609 NW 70th Ct Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
9/29/03	ID# CK#	Greg Cushing 4809 Stonebridge Rd West Des Moines, IA 50265		50.00	<input checked="" type="checkbox"/>
9/27/03	ID# CK#	Wesley D. Jordan P.O. Box 269 Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Randall D. Clarkson 7051 Forest Dr Johnston, IA 50131		75.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 915.00	
TOTAL (if last page of this schedule)				\$	

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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for John Temple

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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
9/30/03	ID# CK#	David Inbody 6011 Somerset Pl Johnston, IA 50131		\$35.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Carol Crane 8020 Heather Bow Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Eileen M. Robb 8000 Briargate Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Paul D. Jacobson 8301 Talbot Pl Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Valerie J. Nichols 8017 Huntingwood Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Robert H. Stewart 8065 Briargate Ct Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Timothy J. Heldt 8016 Huntingwood Ct Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Dallas Patterson P.O. Box 652 Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Mark C. Miller 305 Wildwood Dr Adel, IA 50003		100.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Michael A. Wilson 5416 NW 90th St Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 785.00	
TOTAL (if last page of this schedule)				\$	

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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Citizens for John Temple

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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
9/30/03	ID# CK#	Dean Nihart 5877 Dogwood Lane Johnston, IA 50131		\$200.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Lew Clarkson 5668 NW 86th St. Johnston, IA 50131		200.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Robyn Mills 5360 NW Burr Oak Drive Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Scott L. Temple 8012 Tiburon Place Johnston, IA 50131	Brother	200.00	<input checked="" type="checkbox"/>
9/30/03	ID# CK#	Robert Gagne 6052 Greywood Cir Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
10/01/03	ID# CK#	Christina m. Ceraso 7030 Forest Dr Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
10/03/03	ID# CK#	Wayne E. Stevenson 1601 22nd St. Suite 400 West Des Moines, IA 50265		100.00	<input type="checkbox"/>
10/02/03	ID# CK#	Bret J. Nuckolls 9910 Hammontree Urbandale, IA 50322		100.00	<input type="checkbox"/>
10/03/03	ID# CK#	Mary Dubas 8401 Blackstone Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
10/03/03	ID# CK#	Michael J. Wiskirchen 5852 Crabapple Ln Johnston, IA 50131		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1150.00	
TOTAL (if last page of this schedule)				\$	

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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Citizens for John Temple

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
10/07/03	ID# CK#	Kenneth Dubas 8401 Blackstone Johnston, IA 50131		\$100.00	<input checked="" type="checkbox"/>
10/08/03	ID# CK#	Michael Carroll 1525 NW 124th St. Clive, IA 50325		50.00	<input checked="" type="checkbox"/>
10/16/03	ID# CK#	Karen F. Coaldrake 6413 Harbor Oaks Dr Johnston, IA 50131		75.00	<input checked="" type="checkbox"/>
10/21/03	ID# CK#	Frank Severino 8400 Blackstone Ct. Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
10/23/03	ID# CK#	Robert Miller 10263 NW Beaver Dr. Johnston, IA 50131		50.00	<input type="checkbox"/>
	ID# CK#	Unitemized contributions received in September and October		85.00	<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				\$ 410.00	
TOTAL (if last page of this schedule)				\$ 4860.00	

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for John Temple

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
09/29/03	ID# CK# 0 (temp checks)	ABC Herrington 3069 99th St. Urbandale, IA 50322	Production of 250 yard signs	\$ 631.76
10/03/03	ID# CK# 1001	Press Citizen Shopper P.O. Box 4826 Des Moines, IA 50306	Display Advertisement for 10/08/03 edition	322.00
10/03/03	ID# CK# 1002	Rhonda Westercamp 5207 NW 60th Ave Johnson, IA 50131	Family photo for advertising	50.00
10/08/03	ID# CK# 1003	Press Citizen Shopper P.O. Box 4826 Des Moines, IA 50306	Display Advertisement for 10/15 and 1/22	644.00
10/08/03	ID# CK# 1004	Plaza Printers 6762 Douglas Ave Urbandale, IA 50322	Printing 4000 2-color flyers	424.00
10/22/03	ID# CK# 1006	Robyn Mills 5360 NW Burr Oak Drive Johnston, IA 50131	Voter file (\$10) and beverages for fundraiser (52.86)	62.86
10/22/03	ID# CK# 1007	Des Moines Register PO Box 957 Des Moines, IA 50304	Display advertising	504.00
10/23/03	ID# CK# 1008	Bulls Eye P.O. Box 392 Polk City, IA 50226	Display advertising	1375.00
SUB-TOTAL				\$ 4013.62
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.6(3)(f).)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for John Temple

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
10/23/03	ID# CK# 1009	Press Citizen Shopper P.O. Box 4826 Des Moines, IA 50306	Display advertising	\$ 322.00
	ID# CK#			
SUB-TOTAL				\$ 322.00
TOTAL (if last page of this schedule)				\$ 4335.62

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.6(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for John Temple

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

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9/15/03	John Temple 8170 Heather Bow Johnston, IA 50131	Candidate	Individual photo for advertising (Mullica Studio)	\$ 47.70	<input type="checkbox"/>
9/22/03	John Temple 8170 Heather Bow Johnston, IA 50131	Candidate	Postage for mailing fundraiser invitations	55.50	<input checked="" type="checkbox"/>
9/22/03	John Temple 8170 Heather Bow Johnston, IA 50131	Candidate	Copies of flier/invitations for fundraiser	22.26	<input checked="" type="checkbox"/>
9/23/03	John Temple 8170 Heather Bow Johnston, IA 50131	Candidate	Postage for mailings	6.67	<input type="checkbox"/>
9/29/03	John Temple 8170 Heather Bow Johnston, IA 50131	Candidate	Cups, plates, napkins for fundraiser	43.49	<input checked="" type="checkbox"/>
9/29/03	John Temple 8170 Heather Bow Johnston, IA 50131	Candidate	Beverages, cheese, fruit, rolls for fundraiser	65.56	<input checked="" type="checkbox"/>
9/28/03	Robyn Mills 5360 NW Burr Oak Dr. Johnston, IA 50131		Food for fundraiser	80.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 321.18
TOTAL (if last page of this schedule)	\$ 321.18

*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.

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COMMITTEE NAME(Must be same as on Statement of Organization)
 Citizens for John Temple

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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
9/16/03	John Temple 8170 Heather Bow Johnston, IA 50131	Candidate	\$ 100.00

TOTAL (PART I) \$ 100.00

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 REPAYED
10/22/03 CK# 1005	John Temple 8170 Heather Bow Johnston, IA 50131	Candidate	\$ 100.00

TOTAL CASH REPAYMENTS (PART II) \$ 100.00
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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