

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

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

Friends of Bill Lyon

IMPORTANT: Indicate type of committee you are reporting for:

(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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Bill Lyon Political Party: non-partisan

Office Sought: Davenport City Council District (if Senate or House): 5th ward

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

JAN 18 2007

FILED FAX

Adelle K. Lyon 563-326-3746 1/17/07

SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **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 12/31/2006 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.

(report date) Indicate one 2

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

5 November 2007

County & Local Committees, enter County in which Election is held

Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.) \$ 1997.96

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1732.00

Schedule F: Loans Received total (Attach Schedule F) -0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 3729.96

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1878.70

Schedule F: Loan Repayments total (Attach Schedule F) -0-

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 1851.26

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ -0-

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ -0-

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ -0-

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ -0-

For Instructions, See Back of Form

Rec'd 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)
Friends of Bill Lynn (Scott Co.)

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 88B.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
1/25/06	ID# CK# 4480	David Barker 519 S. Summit Street Iowa City, IA 52240		\$1,000.00	<input type="checkbox"/>
2/06/06	ID# CK# 5103	Robert Fort 2043 Tremont Ave Davenport, IA 52803-3130		\$20.00	<input type="checkbox"/>
2/06/06	ID# CK# 5120	Steven and Christine Johnson 308 E High St. Davenport, IA 52808		\$10.00	<input type="checkbox"/>
2/06/06	ID# CK# 5118	Steve Sademan 3714 N. Thornwood Davenport, IA 52806		\$5.00	<input type="checkbox"/>
2/07/06	ID# CK# 3514	Elizabeth M. Hodges 1707 E. 11th St. Davenport, IA 52803		\$20.00	<input type="checkbox"/>
2/09/06	ID# CK# 4408	Marian I. Jenkins 2220 Grand Avenue Davenport, IA 52803		\$25.00	<input type="checkbox"/>
2/13/06	ID# CK# 5115	Louise K. Ferris 5126 14th St Davenport, IA 52803		\$20.00	<input type="checkbox"/>
2/15/06	ID# CK# 7070	Johanna Graller 1014 W. 15th St. Davenport, IA 52804		\$20.00	<input type="checkbox"/>
2/15/06	ID# CK# 3819	Jane B. Aias 608 Kirkwood Blvd Davenport, IA 52803		\$10.00	<input type="checkbox"/>
2/15/06	ID# CK# 7000	Patrick J. Bradley 1708 Davenport Ave Davenport, IA 52803		\$10.00	<input type="checkbox"/>
SUB-TOTAL				\$1,140	
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)
Friends of Bill Lynn (Scott Co.)

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
2/15/06	ID# CK#	Marjorie L. Holcombe 4130 NW Blvd, E10P Davenport, IA 52806		\$ 5.00	<input type="checkbox"/>
2/16/06	ID# CK#	Ellen I. Wayt 1229 Mississippi Ave Davenport, IA 52803		10.00	<input type="checkbox"/>
2/14/06	ID# CK#	Unitemized Cash		37.00	<input type="checkbox"/>
2/24/06	ID# CK#	Myron and Carol Mandos 628 Douglas Ct. Davenport, IA 52803		25.00	<input type="checkbox"/>
2/10/06	ID# CK#	Dorothy Pavel 2323 Adams St. Davenport, IA 52803		25.00	<input type="checkbox"/>
3/12/06	ID# CK#	Aubrey & Melvin Whipka 2203 Western Ave Davenport, IA 52803		10.00	<input type="checkbox"/>
4/25/06	ID# CK#	Unitemized Cash		55.00	<input type="checkbox"/>
4/21/06	ID# CK#	Marjorie Holcombe 4130 NW Blvd E10P Davenport, IA 52806		5.00	<input type="checkbox"/>
4/25/06	ID# CK#	Janice E. Nahra 1423 E. High St. Davenport, IA 52803		5.00	<input type="checkbox"/>
4/25/06	ID# CK#	Janet & Gerald Ales 608 Kirkwood Blvd Davenport, IA 52803		5.00	<input type="checkbox"/>

SUB-TOTAL

\$ 182.00
\$

TOTAL (if last page of this schedule)

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of Bill Lynn (Scott Co.)

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/YY)	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
4/25/06	ID# CK#	Mary E. Stilson 2304 ELM ST. DAVENPORT, IA 52803		\$ 10.00	<input type="checkbox"/>
4/25/06	ID# CK#	Terry + Susana Welty 604 E. Lombard St. DAVENPORT, IA 52803		10.00	<input type="checkbox"/>
4/25/06	ID# CK#	Terry + Anna Kling 3140 Dickn Ave DAVENPORT, IA 52803		15.00	<input type="checkbox"/>
4/25/06	ID# CK#	Bonnie R. Lindberg 2012 Caray Ave DAVENPORT, IA 52803		20.00	<input type="checkbox"/>
4/25/06	ID# CK#	Woody Perkins 128 E. Rusholme St. DAVENPORT, IA 52803		20.00	<input type="checkbox"/>
4/25/06	ID# CK#	Lois J. Williams 1325 Caray Ave. DAVENPORT, IA 52803		25.00	<input type="checkbox"/>
5/6/06	ID# CK#	Alice K. Wilcox 1224 Esplanade Ave. DAVENPORT, IA 52803		5.00	<input type="checkbox"/>
5/6/06	ID# CK#	Rosemary North 2417 Iowa St. DAVENPORT, IA 52803		15.00	<input type="checkbox"/>
7/24/06	ID# CK#	Marian J. Sebans 2220 Grand Ave. DAVENPORT, IA 52803		25.00	<input type="checkbox"/>
7/28/06	ID# CK#	Beverly Poiglay 221 E. 18th St. DAVENPORT, IA 52803		5.00	<input type="checkbox"/>
SUB-TOTAL				\$ 150.00	
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)
FRIENDS OF BILL LYNN (Scott Co)

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
8/1/06	ID# CK#	Janet + Gerald Ales 608 Kirkwood Blvd Davenport, IA 52803		\$ 10.00	<input type="checkbox"/>
8/1/06	ID# CK#	Marjorie L. Holcombe 4130 NW Blvd Davenport, IA 52806		5.00	<input type="checkbox"/>
8/1/06	ID# CK#	Unitarized Cash		93.00	<input type="checkbox"/>
8/6/06	ID# CK#	Rosemary Nott 2417 Iowa St Davenport, IA 52803		15.00	<input type="checkbox"/>
8/06/06	ID# CK#	Alice K. Wilcox 1224 Esplanade Ave Davenport, IA 52803		5.00	<input type="checkbox"/>
8/11/06	ID# CK#	Elias J. Vargas 1603 Kirkwood Ave Davenport, IA 52803		5.00	<input type="checkbox"/>
11/15/06	ID# CK#	Lois V. Larkin 906 Mississippi Ave Davenport, IA 52803		25.00	<input type="checkbox"/>
11/21/06	ID# CK#	Robert P. Fort 2043 Tremont Ave. Davenport, IA 52803		20.00	<input type="checkbox"/>
11/21/06	ID# CK#	Marjorie L. Holcombe 4130 NW Blvd Davenport, IA 52806		3.00	<input type="checkbox"/>
11/15/06	ID# CK#	Unitarized Cash		46.00	<input type="checkbox"/>
SUB-TOTAL				\$ 227.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
FRIENDS OF BILL LYNN (Scott Co.)

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
12/1/06	ID# CK#	JEAN KELLY 2311 E. 29th ST. DAVENPORT, IA 52803		\$ 5.00	<input type="checkbox"/>
12/2/06	ID# CK#	PATRICIA STURMS 2123 EASTERN AVE DAVENPORT, IA 52803		3.00	<input type="checkbox"/>
12/5/06	ID# CK#	SUSIE BELL 1718 MARQUETTE DAVENPORT, IA 52804		10.00	<input type="checkbox"/>
12/9/06	ID# CK#	ROSEMARY NOTH 2417 IOWA ST DAVENPORT, IA 52803		15.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 33.00

TOTAL (if last page of this schedule) \$ 1732.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
Friends of Bill Lynn (Scott Co.)

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
1/12/06	ID# CK# 1017	Scott County Auditor's Office Davenport, IA	voter CD-Rom for Newsletter mailing	\$ 10.00
2/08/06	ID# CK# 1018	Bullseye Direct Mail GRAND PLAZA 584 E. 53rd St. DAVENPORT, IA 52807	Bulk mailing for Newsletter	254.81
2/18/06	ID# CK# 1019	Arletta Lynn 1935 W. King Cr. DAVENPORT, IA 52803	Reimbursement for toner for copier to copy Newsletter	102.71
1/8/06	ID# CK# e-check	Domain Discover Customer Care	Internet Web site	50.00
4/14/06	ID# CK# 1020	PRINTING PLUS INC 1630 Washington St. DAVENPORT, IA 52804	NEWSLETTER PRINTING	105.60
4/15/06	ID# CK# 1021	OFFICE MAX 320 W. Kimberly Rd DAVENPORT, IA 52806	PURCHASE OF PAPER FOR NEWSLETTER	37.82
4/19/06	ID# CK# 1022	Bullseye Direct MAIL GRAND PLAZA 584 E. 53rd St. DAVENPORT, IA 52807	BULK MAILING FOR NEWS LETTER	255.07
7/19/06	ID# CK# 1023	OFFICE MAX 320 W. Kimberly Rd DAVENPORT, IA 52806	PURCHASE OF PAPER FOR NEWSLETTER	10.68
SUB-TOTAL				\$ 926.69
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 detailed 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

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)

FRIENDS OF BILL LYNN (SCOTT CO.)

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
7/20/06	ID# CK# 1024	PRINTING PLUS INC. 1630 Washington St. Davenport, IA 52804	PRINTING OF NEWSLETTER	\$ 127.54
8/2/06	ID# CK# 1025	BULLSEYE DIRECT MAIL - GRAND PLAZA 589 E 53rd St. Davenport, IA 52807	BULK MAILING FOR NEWSLETTER	253.68
8/4/06	ID# CK# 1027	INTERNET LISTING SERVICE	SUBSCRIPTION FOR ANNUAL WEBSITE LISTING	35.00
8/4/06	ID# CK# 1028	RICH MORONEY	REIMBURSEMENT FOR 2-yr. website hosting	94.80
11/15/06	ID# CK# 1024	OFFICE MAX 320 W. Kimberly Rd Davenport, IA 52806	PURCHASE OF Paper for NEWSLETTER	11.96
11/15/06	ID# CK# 1030	PRINTING PLUS INC 1630 Washington St. Davenport, IA 52804	PRINTING OF NEWSLETTER	124.54
12/2/06	ID# CK# 1031	BULLSEYE DIRECT MAIL GRAND PLAZA 589 E 53rd St. Davenport, IA 52807	BULK MAILING FOR NEWSLETTER	290.91
12/2/06	ID# CK# 1032	Dynamic Strategy 1935 Walling Ct. Davenport, IA 52803	Purchase of Toner to copy part of Newsletter	114.48
SUB-TOTAL				\$ 1052.01
TOTAL (if last page of this schedule)				\$ 1878.70

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).)