



For Instructions, See Back of Form

Receipt Form

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

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
Committee to Elect Glenice Graber for Recorder

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
10-25-2004	ID# CK#	Jerry or Sandy McLain 27346 Hwy 15 Milton, IA 52570		\$ 15.00	<input type="checkbox"/>
10-28-2004	ID# CK#	Tom Loudon 209 Southgate Cir. Unit C Fairfield, IA 52556		50.00	<input type="checkbox"/>
11-2-2004	ID# CK#	Bob Pedrick 818 Mulberry St. Keosauqua, IA 52565		24.00	<input type="checkbox"/>
11-4-2004	ID# CK#	Sharon Wolf 26705 225th St. Keosauqua, IA 52565		10.00	<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"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
<b>TOTAL (if last page of this schedule)</b>				\$	<b>99.00</b>

\* 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

**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>B</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)  
Committee to Elect Glenice Graber for Recorder

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
11-5-2004	ID# CK#1003	Van Buren Co. Register P.O. Box 477 Keosauqua, IA 52565	Ad's in paper	\$ 210.24
11-10-2004	ID# CK#1004	Leader Record P.O. Box 155 Farmington, IA 52626	Ad's in paper	204.38
11-19-2004	ID# CK#1005	Van Buren Co. Register P.O. Box 477 Keosauqua, IA 52565	Ad's in paper	52.56
12-7-2004	ID# CK#1006	Leader Record P.O. Box 155 Farmington, IA 52626	Ad's in paper	26.00
1-18-2005	ID# CK#1007	Glenice Graber 26230 Robin Ave. Bonaparte, IA 52620	Reimburse for campaign supplies purchased	247.26
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
<b>TOTAL (If last page of this schedule)</b>				<b>\$ 740.44</b>

**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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to Elect Glenice Graber for Recorder

SCHEDULE E  
(Rev. 06/97) IN KIND CONTRIBUTIONS

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	✓ IF FOR FUND-RAISER CONTRIBUTION
1-18-2005	Glenice Graber 26230 Robin Ave. Bonaparte, IA 52620	Self	8-18-04 unpaid bal. 10-19-04 report	\$ 93.46	<input type="checkbox"/>
1-18-2005	Glenice Graber 26230 Robin Ave. Bonaparte, IA 52620	Self	8-21-04 unpaid bal. 10-19-04 report	1097.24	<input type="checkbox"/>
1-18-2005	Glenice Graber 26230 Robin Ave. Bonaparte, IA 52620	Self	9-30-04 unpaid bal. 10-19-04 report	296.97	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (If last page of this schedule)				\$ 1487.67	

\*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.