

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

Friends and Supporters of Pat Gill

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

CANDIDATE COMMITTEES ONLY:

Candidate Name Patrick F. Gill

Political Party Democrat

Office Sought County Auditor/Recorder

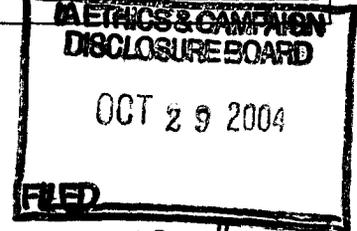
District (if Senate or House)

Patrick F. Gill
SIGNATURE OF TREASURER (or person filing this report)

712-255-6039
TELEPHONE

10-17-04
DATE SIGNED

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>17437</u>	
Logged In <u>SW</u>	
Scanned _____	
Computer _____	
Audited _____	



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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A OCTOBER 19th REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one

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 <u>11-2-04</u>
County & Local Committees, enter County in which Election is held <u>Woodbury</u>

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.)	\$ <u>122.86</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>9812.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>500.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0.00</u>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ <u>10,434.86</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>7,360.78</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ <u>3074.08</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>700.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>500.00</u>

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

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 and Supporters of Pat Gill

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
8-19-04	ID# CK#	11 ALLAN STURGEON 209 N. RUSTIN ST. SIOUX CITY IA 51105		\$ 100.00	<input type="checkbox"/>
8-23-04	ID# CK#	John F. Gill 2108 Ct. South Sioux City NE	FATHER	1000.00	<input type="checkbox"/>
8-23-04	ID# CK#	Tom Gill 215 W 39th S.C.	BROTHER	500.00	<input type="checkbox"/>
9-2-04	ID# CK#	Florence Branch 4419 Floyd Blvd Sioux City 51108	AUNT	50.00	<input type="checkbox"/>
7-2-04	ID# 6331 CK# 1095	Teamsters Local #554 Iowa Drive 4349 South 19th Des Moines NE		200.00	<input type="checkbox"/>
9-2-04	ID# CK#	John Gray 3801 Orchard St. SIOUX CITY IA		100.00	<input type="checkbox"/>
7-3-04	ID# CK#	Richard Waller 463 Prairie Passage Dakota Dunes SD		50.00	<input type="checkbox"/>
9-3-04	ID# CK#	Dr. Dick Owens 3001 Marloy Rd. Sioux City		20.00	<input type="checkbox"/>
9-3-04	ID# CK#	Judy Vandezandschulp 2620 S. Olive Sioux City IA 51101		100.00	<input type="checkbox"/>
9-4-04	ID# CK#	Jim Cosgrove 3519 Jackson Sioux City IA		50.00	<input type="checkbox"/>
SUB-TOTAL				\$2170	
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 and Supporters of Pat Gill

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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
9-4-2004	ID# CK#	Laurinda Gill Jackson NE		\$ 50.00	<input type="checkbox"/>
9-4-04	ID# CK#	George Madsen 3916 SYLVIAN AVE Sioux City IA		100.00	<input type="checkbox"/>
9-5-04	ID# CK#	Catherine Johne 2007 George St. Sioux City IA		7.00	<input type="checkbox"/>
9-5-04	ID# CK#	Linn Hall 4415 Buckwheat Sioux City IA		50.00	<input type="checkbox"/>
9-5-04	ID# CK#	Keith Vollstedt 4636 Deer Shadow Trail SIoux City		1000.00	<input type="checkbox"/>
9-6-04	ID# CK#	Toby Desmond 6005 Pine View Dr Sioux City IA		25.00	<input type="checkbox"/>
9-6-04	ID# CK#	Carolyn Goodwin 3519 ALPINE SIoux City IA		25.00	<input type="checkbox"/>
9-6-04	ID# CK#	Jim Coney 303 LOCUST Des Moines IA		50.00	<input type="checkbox"/>
9-7-04	ID# CK#	Don Gill 4117 MARCY ST. SIoux City		100.00	<input type="checkbox"/>
9-7-04	ID# CK#	Garry Yates 3239 GLEN OAKS BLVD. SIoux City		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1457	
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)
Friends and Supporters of Pat Gill

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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
9-7-04	ID# CK#	Robert Kiser 3119 Grandview Blvd. Sioux City		\$10.00	<input type="checkbox"/>
9-8-04	ID# CK#	Chris Fahey 812 E 20th South Sioux City NE		200.00	<input type="checkbox"/>
9-8-04	ID# CK#	John Cleghorn 417 N. Royal Tron Dakota Dunes SD.		50.00	<input type="checkbox"/>
9-8-04	ID# CK#	Fred Davenport Jr. 520 NE 40th St Sioux City IA		25.00	<input type="checkbox"/>
9-9-04	ID# CK#	Curt Becker 4530 Perry Way Sioux City IA		200.00	<input type="checkbox"/>
9-9-04	ID# CK#	Helen Gleason 9010 Perry Way Sioux City IA		100.00	<input type="checkbox"/>
9-9-04	ID# CK#	Chris Jensen 112 - 29th Sioux City IA		35.00	<input type="checkbox"/>
9-9-04	ID# CK#	John Gleason 58 Red Bridge Dr. Sioux City IA		200.00	<input type="checkbox"/>
9-9-04	ID# CK#	Roger Miller 515 W 3rd South Sioux NE		100.00	<input type="checkbox"/>
9-9-04	ID# CK#	Mrs. John F. Gill 2108 "C" St. South Sioux NE	Mother	100.00	<input type="checkbox"/>
SUB-TOTAL				\$1020	
TOTAL (if last page of this schedule)				\$	

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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 and Supporters of Pat Gill

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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
9-15-04	ID# CK#	Dave Bernstein 620 E Blackwelder SIOUX CITY IA		\$ 100.00	<input type="checkbox"/>
9-15-04	ID# CK#	Doris Hanson 2102 S. ST. AUBIN SIOUX CITY IA		50.00	<input type="checkbox"/>
9-15-04	ID# CK#	Janet Lowe 1513 WOODBURY DR. Dandenne Prairie MO	sister	150.00	<input type="checkbox"/>
9-17-04	ID# CK#	Dave Gill 207 KINSE HWY SIOUX CITY IA	Brother	500.00	<input type="checkbox"/>
9-18-04	ID# CK#	CAROL MEREDETH COON RAPIDS MN	SISTER	200.00	<input type="checkbox"/>
9-20-04	ID# CK#	ELLEN CARLSON 3637 JONES SIOUX CITY IA		100.00	<input type="checkbox"/>
9-21-04	ID# CK#	Tim Kuntz HWY 12 PLYMOUTH COUNTY		250.00	<input type="checkbox"/>
10-1-04	ID# CK#	Joan Prince 4000 MILITARY RD. SIOUX CITY IA		100.00	<input type="checkbox"/>
10-1-04	ID# CK#	Karen Kay Gleason 58 RED BRIDLE RD. SIOUX CITY IA		200.00	<input type="checkbox"/>
10-5-04	ID# CK#	MARGEN BLANKENSHIP 1417 NAVAHO CIRLE SIOUX CITY IA		50.00	<input type="checkbox"/>
SUB-TOTAL				\$1700	
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)
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10-7-04	ID# CK#	<i>Rd R.D. Butler 55 WEST CLIFTON ESTATES #208 Sioux City IA</i>		\$ 50.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Joe Riggor Dakota Dunes SD</i>		200.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Judy Peterson 2612 S Lyon St. Sioux City IA</i>		25.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Joan Kelly 75 W. CLIFTON #201 Sioux City IA</i>		20.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Richard Hayes 2553 CASSEL PL SIoux City IA</i>		50.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Leonard Gill 124 MONONA BLVD. JACKSON NE</i>		1000.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Elizabeth Hickey 1503 220th ST. Sergeant Bluff</i>		15.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Charles Patterson 1339 FOX RIDGE TRAIL Sioux City IA</i>		100.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Joan Rosenbury 9559 Hamilton Blvd Sioux City IA</i>		100.00	<input type="checkbox"/>
10-7-04	ID# CK#	<i>Marlin Huey 820 SW ANKENY RD. Ankeny IA</i>		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1610	
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)

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10-12-09	ID# CK#	Roger Wehler 2313 SEAFARWAY Sioux City IA		\$ 50.00	<input type="checkbox"/>
10-11-09	ID# CK#	Virginie Hood 801 8th #D-7 Sioux City		25.00 25.00	<input type="checkbox"/>
10-11-09	ID# CK#	Barb Redmond 3700 Jackson Sioux City IA		25.00	<input type="checkbox"/>
10-11-09	ID# CK#	Al Sturgeons 809 N. Rustin Sioux City		25.00	<input type="checkbox"/>
10-11-09	ID# CK#	Tim Bottero 1915 HERRIOTS SIOUX CITY		100.00	<input type="checkbox"/>
10-11-09	ID# CK#	Lew Weinberg 505 5th SIOUX CITY IA		500.00	<input type="checkbox"/>
10-11-09	ID# CK#	Karen McCarthy 420 Bannington Sergeant Bluff		30.00	<input type="checkbox"/>
10-11-09	ID# CK#	Mark Mowson 300 3rd St. Sergeant Bluff		20.00	<input type="checkbox"/>
10-11-09	ID# CK#	Ben Koson 4908 Evergreen Ln. SIOUX CITY IA		25.00	<input type="checkbox"/>
10-11-09	ID# CK#	Margaret Prchl 1339 FOX RIDGE SIOUX CITY IA		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 850	
TOTAL (if last page of this schedule)				\$	

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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 and Supporters of Pat Gill

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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
10-12-09	ID# CK#	Frank Baron 30 PELL ST NW SIOUX CITY IA		\$ 20.00	<input type="checkbox"/>
10-13-09	ID# CK#	Jerry Beccum SOUTH SIOUX CITY IA		50.00	<input type="checkbox"/>
10-14-09	ID# CK#	Jean Jensen 2612 S. RUSTIN SIOUX CITY IA		50.00	<input type="checkbox"/>
10-15-09	ID# CK#	John Gleason 58 RED BRIDGE RD. SIOUX CITY IA		500.00	<input type="checkbox"/>
10-15-09	ID# CK#	MARK CONDON 209 VISTA CT SIOUX CITY IA		25.00	<input type="checkbox"/>
10-15-09	ID# CK#	ELOAN SCHROEDER 2524 S. OLIVE SIOUX CITY		25.00	<input type="checkbox"/>
10-15-09	ID# CK#	KEW GILL 717 LINDEN OAK PARK FL		200.00	<input type="checkbox"/>
	ID# CK#	UNITED 1260		135.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1005	
TOTAL (if last page of this schedule)				\$ 9812	

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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	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends and Supporters of Pat Gill

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
9-11-04	ID# CK#	Pat Gill 3997 Fieldcrest Dr. Sioux City IA	Reimbursement for postage and mailing supplies for fundraising letter yard sign supplies	\$171.52
9-22-04	ID# CK#	MAIL HOUSE Sioux City IA	Persuasion MAILING	1010.46
9-23-04	ID# CK#	WM Bass Advertising Sioux City IA	Radio Advertising	3000.00
9-27-04	ID# CK#	Record Printing Sioux City IA	Brochures and yard signs	2041.62
10-12-04	ID# CK#	MAIL House Sioux City	Persuasion mailing	608.05
10-12-04	ID# CK#	Staples Sioux City	Supplies for fundraising letter mailing	20.19
10-15-04	ID# CK#	WM Bass Adv. Sioux City	Radio Advertising production cost	399.00
10-15-04	ID# CK#	Pat Gill Sioux City	Reimbursement For Postage, yard sign supplies	159.94
SUB-TOTAL				\$7360.78
TOTAL (if last page of this schedule)				\$7360.78

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends and Supporters of Pat Gill

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
9-1-04	Pat Gill 3599 Fieldcrest Sioux City IA	SELF	YARD SIGN WIRE	\$ 400.00	<input type="checkbox"/>
10-1-04	STEVE NANNSEN 3669 LINDENWOOD Sioux City IA		Food & Beverage	200.00	<input checked="" type="checkbox"/>
10-15-04	Pat Gill 3919 Fieldcrest Sioux City	SELF	Home Computer Printing	100.00	<input checked="" type="checkbox"/>
					<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 \$ 700.00
 TOTAL (if last page of this schedule) \$ 700.00

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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)
Friends and Supporters of Pat Gill

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
10-17-04	Pat Gill 3947 Fieldcrest Dr. SIoux CITY IA	self	\$ 500.00

TOTAL (PART I) \$ _____

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
			\$

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

*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.