

**DISCLOSURE SUMMARY PAGE**

Reset Form

FORM <b>DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>17556</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

WIDMAN FOR AUDITOR

**IMPORTANT:** Indicate type of committee you are reporting for: 5

(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  
DAVID M. WIDMAN

Office Sought  
WOODBURY CO. AUDITOR

Political Party  
REPUBLICAN

District (if Senate or House)  
VIA

David M. Widman  
SIGNATURE OF TREASURER (or person filing this report)

712-943-7943  
TELEPHONE

10-19-2004  
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 OCTOBER 19, 2004 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  
NOVEMBER 2ND, 2004

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

**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>1,265.35</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>8,549.42</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>3,500.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>13,314.80</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>10,633.52</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>2,000.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>681.28</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>513.60</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>75.80</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>5,750.00</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

Reset Form

**A**  
(Rev. 07/03) **MONEY RECEIPTS**

**CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

CHECK THIS BOX IF AMENDING FORM

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

Widman For Auditor

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
8/21/04	ID# CK# 9429	Warren G. Nelson 40 Ridgeview RD Sioux City, IA		\$ 50	<input type="checkbox"/>
8/24/04	ID# CK# 2987	Pat E. Luse 4602 Descher Path Sioux City, IA 51106		100	<input type="checkbox"/>
9/1/04	ID# CK# 1105	Abe Panner 25 S Lake Shore Dr Apt 4 Glenwood, MN 56324		100	<input type="checkbox"/>
9/5/04	ID# CK# 2795	Carol Law 41536 240th St. Renssler, IA 51050		50	<input type="checkbox"/>
9/6/04	ID# CK# 9316	Steve Hommelman 608 Grant P.O. Box 93 Merrill, IA 51038		25	<input type="checkbox"/>
9/9/04	ID# CK# 4786	Julie Holsing 1360 4th Ave. SW Le Mars, IA 51031		10	<input type="checkbox"/>
7/30/04	ID# CK# 6138	JOHN VOSS 1839 INDIAN HILLS DR. SIoux CITY, IA 51104		50	<input type="checkbox"/>
7/30/04	ID# CK# 6414	BOB KNOWLER 4001 OLD LAKEPORT ILO SIoux CITY, IA 51106		100	<input type="checkbox"/>
10/8/04	ID# CK#	JOY DABE 1434 220TH ST SERGEANT BLUFF, IA 51054		49 <sup>42</sup>	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	JAMES VANNEY 2005 4TH ST SIoux CITY, IA 51101		100	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 634 <sup>42</sup>	
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.

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

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9/5/04	ID# CK# 18251	Pat Michael 390 Depot St. Akron, IA 51001		\$ 50	<input type="checkbox"/>
9/6/04	ID# CK# 6285	Melvin Schultz 555 - 15 St. SE. LeMars, IA 51031		25	<input type="checkbox"/>
9/9/04	ID# CK# 9595	Jamer W. Barker 12697 K-22 Irtton, IA 51027		25	<input type="checkbox"/>
9/8/04	ID# CK# 8877	Douglas A. Severn 27323 Range Rd. Chicksville, IA 50619		25	<input type="checkbox"/>
9/10/04	ID# CK# 2065	Audine G. Walburn 1301 N. ST. RT. 934 Anville, PA 17003		25	<input type="checkbox"/>
9/10/04	ID# CK# 7689	Paul L. Baker 526 Alcott St. Sioux City, IA 51101		25	<input type="checkbox"/>
9/10/04	ID# CK# 2291	Marjorie Denckas 64 S. Bunker Hill Rd. German Valley, IL 61039		25	<input type="checkbox"/>
9/12/04	ID# CK# 2066	Jamer H. Gorzynski 4031 - 150th St. LeMars, IA 51031		25	<input type="checkbox"/>
9/14/04	ID# CK# 4136	Marle Peterson 909-2nd Avenue SW LeMars, IA 51031		25	<input type="checkbox"/>
9/16/04	ID# CK# 2108	John Roemen 835 S Greenwood Dr LeMars, IA 51031		50	<input type="checkbox"/>
SUB-TOTAL				\$ 300	
TOTAL (if last page of this schedule)				\$	

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Reset Form

SCHEDULE **A** MONETARY RECEIPTS  
 (Rev. 07/03)

04

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)  
 Widman For Auditor

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9/17/04	ID# CK# 6952	Kerry Northway Rt 1 Box 120 Sioux City, IA 51108		\$ 400	<input checked="" type="checkbox"/>
9/20/04	ID# CK# 6865	Dr. Byron L. Linden P.O. Box 626 246 Main St. Moulton, IA 51039		125	<input checked="" type="checkbox"/>
9/20/04	ID# CK# 2434	Fred E. Gums 609 Remor Dr SE C Mars, IA 51031		20	<input type="checkbox"/>
9/20/04	ID# CK# 4467	Heather L. Nordstrom 100 Fair Oaks Dr. Sioux City, NE 68776		20	<input type="checkbox"/>
9/20/04	ID# CK# 9725	John A. Mills 101 Hamilton Blvd. Sioux City, IA 51104		125	<input checked="" type="checkbox"/>
9/20/04	ID# CK# cash	Heather A. Pickett 1013 Arline Dr. Sioux, IA 51101		5	<input type="checkbox"/>
9/20/04	ID# CK# 8801	John A. Smith 125 Pine Hill Dr. Sioux City, IA 51106		125	<input checked="" type="checkbox"/>
9/21/04	ID# CK# 9579	John Wieda 100 Manning Ave. Sioux City, IA 51106		200	<input checked="" type="checkbox"/>
9/21/04	ID# CK# 1105	John J. Ridgeway Sioux City, IA 51104		125	<input checked="" type="checkbox"/>
9/21/04	ID# CK# 9779	John Eugene Smith Sioux, IA 51105		125	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 1270  
 TOTAL (if last page of this schedule) \$

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Reset Form

SCHEDULE

05

**CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

**A**

(Rev. 07/03)

**MONETARY RECEIPTS**

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

Widman For Auditor

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9/22/04	ID# CK# 2385	Carolyn J. O'Hara 33303 Hickory Ave. Sioux City, IA 51102		\$ 50	<input checked="" type="checkbox"/>
1/25/04	ID# CK# 2175	Woodbury County Republican 706 Jackson St. Central Committee Sioux City, IA 51101		2000	<input type="checkbox"/>
1/30/04	ID# CK# 9294	Cheryl White 366 - 16th St SE Lemars, IA 51031		125	<input checked="" type="checkbox"/>
1/27/04	ID# CK# 6338	Donald Hamann 304 Division St. Anthon, IA 51104		75	<input checked="" type="checkbox"/>
1/27/04	ID# CK# 1519	Deborah Duncan 2901 South Lynn St. Sioux City, IA 51106		75	<input checked="" type="checkbox"/>
1/25/04	ID# CK# 5704	Ron & Bobbi Kim 1021 Osceola Ave. Corringtonville, IA 51016		75	<input checked="" type="checkbox"/>
9/22/04	ID# CK# 5471	Stanley N. Rasmussen 4303 Old Lakewood Rd. Sioux City, IA 51106		100	<input checked="" type="checkbox"/>
1/25/04	ID# CK# 8798	Mrs. John Peterson 1801 County Hwy Rd. Anthon, IA 51107	sister	70	<input checked="" type="checkbox"/>
1/25/04	ID# CK# 6398	David L. Smith 2401 S. Lakewood street Sioux City, IA 51106		100	<input checked="" type="checkbox"/>
9/25/04	ID# CK# 6834	Mrs. Jane Widman 211 Eastview Dr Sioux City, IA 51106	mother	125	<input checked="" type="checkbox"/>

SUB-TOTAL

\$2795

TOTAL (if last page of this schedule)

\$

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Reset Form

06

**SCHEDULE**  
**A**  
(Rev. 07/03)

**MONETARY RECEIPTS**

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Widman For Auditor

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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
9/26/04	ID# CK# 5252	Patricia E. Foldick 4335 Jefferson Street Sioux City, IA 51108		\$ 25	<input type="checkbox"/>
9/27/04	ID# CK# 2544	Linda C. Zumbryn 32421 W Loop RD. Sioux City, IA 51108		125	<input checked="" type="checkbox"/>
9/21/04	ID# CK# 1108	Ohivia S. Bass 401 Brandywine Circle Raleigh, NC 27614		75	<input checked="" type="checkbox"/>
9/23/04	ID# CK# 1593	Troy & Sandra Calhoun 1909 170th St. Luton, IA 51030		125	<input checked="" type="checkbox"/>
9/25/04	ID# CK# 1434	Sara E. Crawford 50th Country Club Blvd Sioux City, IA 51104		125	<input checked="" type="checkbox"/>
9/23/04	ID# CK# 1775	Donald A. Liles Luton, IA 51031		10	<input type="checkbox"/>
9/22/04	ID# CK# 7468	Gay J. Jones 1st Ave, S.E. Luton, IA 51031		25	<input type="checkbox"/>
9/29/04	ID# CK# 2658	Barry J. Zear 230th St Des Moines, IA 50319	sister	125	<input checked="" type="checkbox"/>
9/30/04	ID# CK# 1081	Phillip's Bank Charles Moore Luton, IA 51030		125	<input checked="" type="checkbox"/>
10/2/04	ID# CK# 9485	John G. ... Sioux City, IA 51104		75	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 835	
<b>TOTAL (if last page of this schedule)</b>				\$	

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Reset Form

07

SCHEDULE  
**A**  
 (Rev. 07/03)

MONETARY RECEIPTS

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**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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

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9/27/04	ID# CK# 2290	Robert W. Houlihan Piper Jaffray Building, Suite 600 Sioux City, IA 51101		\$ 75	<input checked="" type="checkbox"/>
9/29/04	ID# CK# 2273	Jim Brygger 4428 Nicollet Way Sioux City, IA 51106		50	<input checked="" type="checkbox"/>
9/30/04	ID# CK# 049120	Mary Brothers "A Partnership" 424 Water St. Sioux City, IA 51103		200	<input checked="" type="checkbox"/>
10/1/04	ID# CK# 8957	Brad Banks 286 Echo Road Wheatfield, IA 51162		100	<input checked="" type="checkbox"/>
10/1/04	ID# CK# Cash	Knowler Old Lambert Road Sioux City, IA 51106		130	<input type="checkbox"/>
10/1/04	ID# CK# Cash	Alig Simmons S. Hennepin St. Sioux City, IA 51106		40	<input type="checkbox"/>
10/13/04	ID# CK# Cash	William Tucker Bradford Lane Sioux City, IA 51106		35	<input checked="" type="checkbox"/>
10/13/04	ID# CK# Cash	Goodwin Robert D. Ve Siouxville, IA 51159		100	<input checked="" type="checkbox"/>
10/13/04	ID# CK# Cash	Etler 150th St Siouxville, IA 51116		100	<input checked="" type="checkbox"/>
10/13/04	ID# CK# Cash	Rodgers Main St Siouxville, IA 51159		100	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 930	
TOTAL (if last page of this schedule)				\$	

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Reset Form

08

**SCHEDULE**  
**A**  
 (Rev. 07/03) **MONETARY RECEIPTS**

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)  
 Widman For Auditor

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10/9/04	ID# CK# 2630	John Cave 2995 Hancock Ave. Hornick, IA 51026		\$ 25	<input checked="" type="checkbox"/>
10/11/04	ID# CK# 1520	Greg Trucke 1953 Old Hwy. 141 Brenson, IA 51007		50	<input checked="" type="checkbox"/>
10/7/04	ID# CK# 6007	Joe King 2378 - 2100 St. Brenson, IA 51007		25	<input checked="" type="checkbox"/>
10/7/04	ID# CK# 8771	Charles Holst 2050 Deer Run Trail Athens, IA 51004		25	<input type="checkbox"/>
10/7/04	ID# CK# 7751	Clarence Barney 317 Pawnee Place Sioux City, IA 51104		25	<input type="checkbox"/>
10/7/04	ID# CK# 7251	John Olson 317 Garrison Ave. Sioux City, IA 51106		15	<input checked="" type="checkbox"/>
10/7/04	ID# CK# 1674	DeWitt & Linda Wilson 1501 - 1505 St. Linton, IA 51000		25	<input checked="" type="checkbox"/>
10/6/04	ID# CK# 8810	Peter Court Home Rd. Sioux City, IA 51107	Brother-in-law	70	<input checked="" type="checkbox"/>
10/7/04	ID# CK# 7441	Edward Linder Sioux City, IA 51106		10	<input checked="" type="checkbox"/>
10/9/04	ID# CK# 3380	Gene St. Sioux City, IA 51106		25	<input checked="" type="checkbox"/>

SUB-TOTAL  
 \$ 295  
 TOTAL (if last page of this schedule)  
 \$

\* Disclosure law requires candidate committees to disclose the relationship between the contributor and the candidate, including a contribution to the committee. Relationship must be shown to the committee (if applicable) and to the candidate (if applicable). If the relationship is not applicable, enter "not applicable" in the relationship column.

Reset Form

09

SCHEDULE  
**A**  
 (Rev. 07/03) MONETARY RECEIPTS

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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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10-8-04	ID# CK# 11133	Lenore Shapiro 2005 S. Newton St. Sioux City, IA 51106		\$ 25	<input checked="" type="checkbox"/>
10-7-04	ID# CK# 2133	Susan Wilson Virginia St. Sioux City, IA 51104		10	<input checked="" type="checkbox"/>
10-7-04	ID# CK# 2330	Wild N... Cheyenne Blvd Sioux City, IA 51104		100	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 5236	... ... Sioux City, IA 51104		25	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 3240	... ... Sioux City, IA 51104		30	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 1626	... ... Sioux City, IA 51106		20	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 1741	... ... Sioux City, IA 51103		50	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 3261	... ... Sioux City, IA 51106		25	<input type="checkbox"/>
10-8-04	ID# CK# 9752	... ... Sioux City, IA 51104		25	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 4275	... ... Sioux City, IA 51103		100	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 410	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the name and address of the contributor. Relationship must be shown to the candidate (on separate page). If surname of contributor is the same as the candidate's, enter "not applicable" in the relationship column.

... contributing a contribution to the ...  
 ... relationship (relatives by ...)

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY RECEIPTS

**CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

CHECK THIS BOX IF AMENDING FORM

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

Widman For Auditor

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10-8-04	ID# CK# 1131	Kevin Along 140 Galland St. Solix, IA 5052		\$ 50	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 8137	Tom Carlson 704 Nicolet Way Solix City, IA 51106		50	<input checked="" type="checkbox"/>
10-6-04	ID# CK# 8483	[REDACTED] 51026		100	<input checked="" type="checkbox"/>
10-6-04	ID# CK# 4277	[REDACTED] 51016		75	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 3316	[REDACTED] man Black Top 51026	nephew	25	<input checked="" type="checkbox"/>
10-8-04	ID# CK# 6424	[REDACTED] ne. 51030	nephew's wife	125	<input checked="" type="checkbox"/>
10-6-04	ID# CK# 13781	[REDACTED] ills Blvd. 51106		25	<input checked="" type="checkbox"/>
10-5-04	ID# CK# 7889	[REDACTED] 004		25	<input checked="" type="checkbox"/>
10-4-04	ID# CK# 7710	[REDACTED] rk		50	<input type="checkbox"/>
10-5-04	ID# CK# 9015	[REDACTED] 24		75	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 600

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose contributions from family members (including a spouse or former spouse, or a child, grandchild, or other relative) and (if applicable) the family relationship. If surname of contributor is the same as the candidate's, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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SCHEDULE

A

(Rev. 07/03)

MONETARY RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

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

Widman For Auditor

CHECK THIS BOX IF AMENDING FORM

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
10-6-04	ID# CK# 9315	Janice M. Smith 3714-4th Ave. Sioux City, IA 51106		\$ 25	<input checked="" type="checkbox"/>
10-5-04	ID# CK# 4817	Dodie Holmgren 360 4th Ave. S.W. Warsaw, IA 51031		20	<input type="checkbox"/>
10-14-04	ID# CK# 3580	William G. Courtney 238 E. 1st St. Sioux City, IA 51104		25	<input type="checkbox"/>
10-10-04	ID# CK# 24193	John J. ... ... Blvd. ... IA 51104		250	<input checked="" type="checkbox"/>
10-14-04	ID# CK# 952	... ... IA 51030		25	<input checked="" type="checkbox"/>
10-7-04	ID# CK# 6431	... ... IA 51106		25	<input checked="" type="checkbox"/>
10-11-04	ID# CK# 1581	... ... IA 51104		15	<input checked="" type="checkbox"/>
9-29-04	ID# CK# 6907	... ... IA 51033		25	<input type="checkbox"/>
10-6-04	ID# CK# 1280	... ... IA 51103		50	<input type="checkbox"/>
10-16-04	ID# CK# Cash	... ... IA 51054	son	5	<input type="checkbox"/>

SUB-TOTAL

\$ 465

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose contributions from individuals, corporations, partnerships, and unions. Relationship must be shown to the candidate. If surname of contributor is the same as the candidate's, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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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)  
 Widman For Auditor

**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
10/14/04	ID# CK# CASH	Anonymous	N/A	\$ 15	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL  
 \$ 15  
 TOTAL (if last page of this schedule)  
 \$ 9,549<sup>42</sup>

\* Disclosure law requires candidates 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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SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME (Must be same as on Statement of Organization)  
*WIDOMAN FOR AUDITOR*

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
7-20-04	ID# CK# 1039	AVERY BROS. SIGN	SEBNS	\$ 2851 <sup>32</sup>
8-5-04	ID# CK# 1040	HOBBY LOBBY	T-SHIRTS	43 <sup>77</sup>
8-23-04	ID# CK# 1041	SAM'S BUYING CLUB	CANDY - PARADE	57 <sup>69</sup>
9-3-04	ID# CK# 1042	SAM'S BUYING CLUB	PRINTER INK	74 <sup>46</sup>
9-3-04	ID# CK# 1043	POSTMASTER	POSTAGE	92 <sup>50</sup>
9-25-04	ID# CK# 1044	WALGREENS	CANDY - PARADE	16 <sup>01</sup>
9-30-04	ID# CK# 1045	DAVE WIDOMAN	REGISTERED SCHEDULE F LOAN REPAYMENT	—
	ID# CK# 1046	VOID	—	—
SUB-TOTAL				\$ 3,185 <sup>78</sup>
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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
**WISMAN FOR AUDITOR**

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
9-30-04	ID# CK# 1047	POSTMASTER	POSTAGE	\$ 85 <sup>10</sup>
9-30-04	ID# CK# 1048	STAPLES	VOID	--
9-30-04	ID# CK# 1049	VICTORY STORE	YARD SIGNS	865 <sup>72</sup>
-	ID# CK# 1050	VOID	-	-
10-4-04	ID# CK# 1051	ANDERSON BROS. PRINT	PRINTING	1,123 <sup>52</sup>
10-4-04	ID# CK# 1052	SIGNS BY TOMORROW	MAGNETIC SIGNS	69 <sup>55</sup>
10-5-04	ID# CK# 1053	JOY DAGE CATERING	FOOD FUNDRAISER	300 <sup>00</sup>
10-13-04	ID# CK# 1054	SIOUX CITY JOURNAL	ADVERTISE	570 <sup>56</sup>
SUB-TOTAL				\$ 3,014 <sup>43</sup>
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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
**WIDOMAN FOR AUDITOR**

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
10-13-04	ID# CK# 1055	POWELL BROADCASTING	RADIO EXP	\$ 1,587 <sup>80</sup>
10-14-04	ID# CK# 1056	CLEAR CHANNEL	RADIO EXP	1,400 <sup>00</sup>
10-14-04	ID# CK# 1057	CLEAR CHANNEL	RADIO EXP	14 <sup>40</sup>
10-15-04	ID# CK# 1058	SIoux CITY JOURNAL	AD	70 <sup>00</sup>
8-23-04	ID# CK#	VICTORY STORE	YARD SIGNS	1,411 <sup>11</sup>
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 4,483 <sup>31</sup>
TOTAL (if last page of this schedule)				\$ 10,633 <sup>52</sup>

**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).)





Reset Form

SCHEDULE <b>F</b> (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)  
WIDOMAN FOR AUDITOR

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 4,250<sup>00</sup>

**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
7-23-04	DAVID WIDOMAN 1665 220TH ST SERGEANT BLUFF, IA 51054	N/A	\$ 3000 <sup>00</sup>
8-23-04	DAVID WIDOMAN 1665 220TH ST SERGEANT BLUFF, IA 51054	N/A	\$ 500 <sup>00</sup>

TOTAL (PART I) \$ 3,500<sup>00</sup>

**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
9-30-04	DAVID WIDOMAN 1665 220TH ST SERGEANT BLUFF, IA 51054	N/A	\$ 2000 <sup>00</sup>

TOTAL CASH REPAYMENTS (PART II) \$ 2,000<sup>00</sup>  
 From Schedule E - TOTAL LOANS FORGIVEN \$ - 0 -  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 5,750<sup>00</sup>

\*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.