

JUL 19 2002

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 01/98)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # <u>6038</u>	
Indexed <u>SW</u>	
Audited _____	
Computer _____	

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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**IMPORTANT: Indicate type of committee you are reporting for:**  2

(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 Slate of Candidates

Kathy V. Stanek 641-269-6560 7-16-2002  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

**Routine Penalties Due For Late Filed Reports Range from \$20 to \$800**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A JUL 19, 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate one  1

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Local Committees, enter Date of Election _____
County & Local Committees, enter County in which election is held _____

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.)

**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 the first report filed.) ..... \$ 4,471.02

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 5,808.55

Schedule F: Loans Received total (Attach Schedule F) ..... 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 0.00

(Schedule H applies to Candidates' Committees only) SUB-TOTAL ..... \$ 5,808.55

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 600.00

Schedule F: Loan Repayments total (Attach Schedule F) ..... 0.00

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... \$ 9,679.57

**UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ 0.00

**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 0.00

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ 0.00

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) ..... \$ 0.00

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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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
05/17/02	ID# CK#	Rodney D Anderson 1654 Fisher Ave New Sharon, Ia 50207		2.00	
05/31/02	ID# CK#	Rodney D Anderson 1654 Fisher Ave New Sharon, Ia 50207		2.00	
06/14/02	ID# CK#	Rodney D Anderson 1654 Fisher Ave New Sharon, Ia 50207		2.00	
06/28/02	ID# CK#	Rodney D Anderson 1654 Fisher Ave New Sharon, Ia 50207		2.00	
07/12/02	ID# CK#	Rodney D Anderson 1654 Fisher Ave New Sharon, Ia 50207		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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(including candidate's personal funds)

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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05/17/02	ID# CK#	Marguerite L Beeler 732 Pearl St Grinnell, Ia 50112-1929		2.00	
05/31/02	ID# CK#	Marguerite L Beeler 732 Pearl St Grinnell, Ia 50112-1929		2.00	
06/14/02	ID# CK#	Marguerite L Beeler 732 Pearl St Grinnell, Ia 50112-1929		2.00	
06/28/02	ID# CK#	Marguerite L Beeler 732 Pearl St Grinnell, Ia 50112-1929		2.00	
07/12/02	ID# CK#	Marguerite L Beeler 732 Pearl St Grinnell, Ia 50112-1929		2.00	
05/17/02	ID# CK#	Patricia A Bell 508 West St Grinnell, Ia 50112-2362		2.00	
05/31/02	ID# CK#	Patricia A Bell 508 West St Grinnell, Ia 50112-2362		2.00	
06/14/02	ID# CK#	Patricia A Bell 508 West St Grinnell, Ia 50112-2362		2.00	
06/28/02	ID# CK#	Patricia A Bell 508 West St Grinnell, Ia 50112-2362		2.00	
07/12/02	ID# CK#	Patricia A Bell 508 West St Grinnell, Ia 50112-2362		2.00	
SUB-TOTAL				\$ 20.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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05/17/02	ID# CK#	Virginia L Billman 4131 70th St Grinnell, Ia 50112		2.00	
05/31/02	ID# CK#	Virginia L Billman 4131 70th St Grinnell, Ia 50112		2.00	
06/14/02	ID# CK#	Virginia L Billman 4131 70th St Grinnell, Ia 50112		2.00	
06/28/02	ID# CK#	Virginia L Billman 4131 70th St Grinnell, Ia 50112		2.00	
07/12/02	ID# CK#	Virginia L Billman 4131 70th St Grinnell, Ia 50112		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
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06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
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05/17/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
05/31/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
06/14/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
06/28/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
07/12/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 19.55</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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05/17/02	ID# CK#	Marjean Crandall 230 Rock Creek West St Kellogg, Ia 50135-9602		2.00	
05/31/02	ID# CK#	Marjean Crandall 230 Rock Creek West St Kellogg, Ia 50135-9602		2.00	
06/14/02	ID# CK#	Marjean Crandall 230 Rock Creek West St Kellogg, Ia 50135-9602		2.00	
06/28/02	ID# CK#	Marjean Crandall 230 Rock Creek West St Kellogg, Ia 50135-9602		2.00	
07/12/02	ID# CK#	Marjean Crandall 230 Rock Creek West St Kellogg, Ia 50135-9602		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 15.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
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06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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05/17/02	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
05/31/02	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
06/14/02	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
06/28/02	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
07/12/02	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
05/17/02	ID# CK#	Susan M Edelen 907 360th Ave Grinnell, Ia 50112		2.00	
05/31/02	ID# CK#	Susan M Edelen 907 360th Ave Grinnell, Ia 50112		2.00	
06/14/02	ID# CK#	Susan M Edelen 907 360th Ave Grinnell, Ia 50112		2.00	
06/28/02	ID# CK#	Susan M Edelen 907 360th Ave Grinnell, Ia 50112		2.00	
07/12/02	ID# CK#	Susan M Edelen 907 360th Ave Grinnell, Ia 50112		2.00	
<b>SUB-TOTAL</b>				<b>\$ 21.80</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</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 relative) 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.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/17/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
05/31/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
06/14/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
06/28/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
07/12/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 23.55</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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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
05/17/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
05/31/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
06/14/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
06/28/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
07/12/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
05/17/02	ID# CK#	Karen F Ford 472 Ewart Rd Grinnell, Ia 50112-8037		2.00	
05/31/02	ID# CK#	Karen F Ford 472 Ewart Rd Grinnell, Ia 50112-8037		2.00	
06/14/02	ID# CK#	Karen F Ford 472 Ewart Rd Grinnell, Ia 50112-8037		2.00	
06/28/02	ID# CK#	Karen F Ford 472 Ewart Rd Grinnell, Ia 50112-8037		2.00	
07/12/02	ID# CK#	Karen F Ford 472 Ewart Rd Grinnell, Ia 50112-8037		2.00	

SUB-TOTAL \$ 72.50

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

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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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
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/17/02	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		2.00	
05/31/02	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		2.00	
06/14/02	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		2.00	
06/28/02	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		2.00	
07/12/02	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 15.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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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
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/17/02	ID# CK#	Unitemized Receipt		2.00	
05/31/02	ID# CK#	Unitemized Receipt		2.00	
06/14/02	ID# CK#	Unitemized Receipt		2.00	
06/28/02	ID# CK#	Unitemized Receipt		2.00	
07/12/02	ID# CK#	Unitemized Receipt		2.00	
05/17/02	ID# CK#	Unitemized Receipt		2.00	
05/31/02	ID# CK#	Unitemized Receipt		2.00	
06/14/02	ID# CK#	Unitemized Receipt		2.00	
06/28/02	ID# CK#	Unitemized Receipt		2.00	
07/12/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/17/02	ID# CK#	Brenda M Hassin 1105 Hamilton Ave Grinnell, Ia 50112-2444		2.00	
05/31/02	ID# CK#	Brenda M Hassin 1105 Hamilton Ave Grinnell, Ia 50112-2444		2.00	
06/14/02	ID# CK#	Brenda M Hassin 1105 Hamilton Ave Grinnell, Ia 50112-2444		2.00	
06/28/02	ID# CK#	Brenda M Hassin 1105 Hamilton Ave Grinnell, Ia 50112-2444		2.00	
07/12/02	ID# CK#	Brenda M Hassin 1105 Hamilton Ave Grinnell, Ia 50112-2444		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 15.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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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
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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**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
05/17/02	ID# CK#	Sharon L Krumm 33 Fore Seasons Dr Grinnell, Ia 50112-3007		2.00	
05/31/02	ID# CK#	Sharon L Krumm 33 Fore Seasons Dr Grinnell, Ia 50112-3007		2.00	
06/14/02	ID# CK#	Sharon L Krumm 33 Fore Seasons Dr Grinnell, Ia 50112-3007		2.00	
06/28/02	ID# CK#	Sharon L Krumm 33 Fore Seasons Dr Grinnell, Ia 50112-3007		2.00	
07/12/02	ID# CK#	Sharon L Krumm 33 Fore Seasons Dr Grinnell, Ia 50112-3007		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 15.00

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

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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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
05/17/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
05/31/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
06/14/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
06/28/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
07/12/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
05/17/02	ID# CK#	Gayle H Light 1629 Reed St Grinnell, Ia 50112-2639		2.00	
05/31/02	ID# CK#	Gayle H Light 1629 Reed St Grinnell, Ia 50112-2639		2.00	
06/14/02	ID# CK#	Gayle H Light 1629 Reed St Grinnell, Ia 50112-2639		2.00	
06/28/02	ID# CK#	Gayle H Light 1629 Reed St Grinnell, Ia 50112-2639		2.00	
07/12/02	ID# CK#	Gayle H Light 1629 Reed St Grinnell, Ia 50112-2639		2.00	

SUB-TOTAL	\$ 29.90
<b>TOTAL (if last page of this schedule)</b>	\$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

TOTAL (if last page of this schedule) \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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**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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	

SUB-TOTAL \$ 11.91

**TOTAL (if last page of this schedule)**

\$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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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
05/31/02	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
06/14/02	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
06/28/02	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
07/12/02	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
05/17/02	ID# CK#	Margery K McVay Box 935 Montezuma, Ia 50171		2.00	
05/31/02	ID# CK#	Margery K McVay Box 935 Montezuma, Ia 50171		2.00	
06/14/02	ID# CK#	Margery K McVay Box 935 Montezuma, Ia 50171		2.00	
06/28/02	ID# CK#	Margery K McVay Box 935 Montezuma, Ia 50171		2.00	
07/12/02	ID# CK#	Margery K McVay Box 935 Montezuma, Ia 50171		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL	\$ 22.64
<b>TOTAL (if last page of this schedule)</b>	\$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
-------------------------------------------------------------------------------------------------------------------------------

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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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
05/31/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
06/14/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
06/28/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
07/12/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 25.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 10.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		3.00	
05/31/02	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		3.00	
06/14/02	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		3.00	
06/28/02	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		3.00	
07/12/02	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		3.00	
05/17/02	ID# CK#	Kim L Pfantz 407 Broadway St # 375 Brooklyn, Ia 52211-9782		2.64	
<b>SUB-TOTAL</b>				<b>\$ 21.64</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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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
05/31/02	ID# CK#	Kim L Pfantz 407 Broadway St # 375 Brooklyn, Ia 52211-9782		2.64	
06/14/02	ID# CK#	Kim L Pfantz 407 Broadway St # 375 Brooklyn, Ia 52211-9782		2.64	
06/28/02	ID# CK#	Kim L Pfantz 407 Broadway St # 375 Brooklyn, Ia 52211-9782		2.64	
07/12/02	ID# CK#	Kim L Pfantz 407 Broadway St # 375 Brooklyn, Ia 52211-9782		2.64	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
<b>SUB-TOTAL</b>				<b>\$ 20.56</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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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
05/31/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
06/14/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
06/28/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
07/12/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Cynthia L Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
<b>SUB-TOTAL</b>				<b>\$ 28.90</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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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
05/31/02	ID# CK#	Cynthia L Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
06/14/02	ID# CK#	Cynthia L Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
06/28/02	ID# CK#	Cynthia L Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
07/12/02	ID# CK#	Cynthia L Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 21.60

**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 relative) 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.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
-------------------------------------------------------------------------------------------------------------------------------

**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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 10.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</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 relative) 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.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	

SUB-TOTAL \$ 12.00

TOTAL (if last page of this schedule) \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/31/02	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
06/14/02	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
06/28/02	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
07/12/02	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
05/17/02	ID# CK#	Unitemized Receipt		2.00	
05/31/02	ID# CK#	Unitemized Receipt		2.00	
06/14/02	ID# CK#	Unitemized Receipt		2.00	
06/28/02	ID# CK#	Unitemized Receipt		2.00	
07/12/02	ID# CK#	Unitemized Receipt		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 23.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 10.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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**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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Karen J Strovers 527 Harrison Ave Grinnell, Ia 50112-2328		2.00	
05/31/02	ID# CK#	Karen J Strovers 527 Harrison Ave Grinnell, Ia 50112-2328		2.00	
06/14/02	ID# CK#	Karen J Strovers 527 Harrison Ave Grinnell, Ia 50112-2328		2.00	
06/28/02	ID# CK#	Karen J Strovers 527 Harrison Ave Grinnell, Ia 50112-2328		2.00	
07/12/02	ID# CK#	Karen J Strovers 527 Harrison Ave Grinnell, Ia 50112-2328		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 15.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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**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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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**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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
05/31/02	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
06/14/02	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
06/28/02	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
07/12/02	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 25.85</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
-------------------------------------------------------------------------------------------------------------------------------

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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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL	\$ 10.00
<b>TOTAL (if last page of this schedule)</b>	\$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
-------------------------------------------------------------------------------------------------------------------------------

**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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		2.00	
05/31/02	ID# CK#	Unitemized Receipt		2.00	
06/14/02	ID# CK#	Unitemized Receipt		2.00	
06/28/02	ID# CK#	Unitemized Receipt		2.00	
07/12/02	ID# CK#	Unitemized Receipt		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL	\$ 15.00
<b>TOTAL (if last page of this schedule)</b>	\$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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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
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Karla L Vanderleest 15270 N 75th Avenue Grinnell, Ia 50112		2.00	
SUB-TOTAL				\$ 11.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b>	MONETARY
(Rev. 06/97)	RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
-------------------------------------------------------------------------------------------------------------------------------

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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
05/31/02	ID# CK#	Karla L Vanderleest 15270 N 75th Avenue Grinnell, Ia 50112		2.00	
06/14/02	ID# CK#	Karla L Vanderleest 15270 N 75th Avenue Grinnell, Ia 50112		2.00	
06/28/02	ID# CK#	Karla L Vanderleest 15270 N 75th Avenue Grinnell, Ia 50112		2.00	
07/12/02	ID# CK#	Karla L Vanderleest 15270 N 75th Avenue Grinnell, Ia 50112		2.00	
05/15/02	ID# CK#	Verizon Good Government Club - Tx 816 Congress Ave., Suite 1500 Austin, Tx 78701		5,000.00	
05/17/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
05/31/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
06/14/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
06/28/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
07/12/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	

SUB-TOTAL \$ 5,032.90

**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 relative) 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.

**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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**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
05/17/02	ID# CK#	David L Weaver 179 Walnut Road Grinnell, Ia 50112		2.00	
05/31/02	ID# CK#	David L Weaver 179 Walnut Road Grinnell, Ia 50112		2.00	
06/14/02	ID# CK#	David L Weaver 179 Walnut Road Grinnell, Ia 50112		2.00	
06/28/02	ID# CK#	David L Weaver 179 Walnut Road Grinnell, Ia 50112		2.00	
07/12/02	ID# CK#	David L Weaver 179 Walnut Road Grinnell, Ia 50112		2.00	
05/17/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
05/31/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
06/14/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
06/28/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
07/12/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	

SUB-TOTAL	\$ 24.70
<b>TOTAL (if last page of this schedule)</b>	\$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/17/02	ID# CK#	Joann L Wells 256 Newburg Road Grinnell, Ia 50112		2.00	
05/31/02	ID# CK#	Joann L Wells 256 Newburg Road Grinnell, Ia 50112		2.00	
06/14/02	ID# CK#	Joann L Wells 256 Newburg Road Grinnell, Ia 50112		2.00	
06/28/02	ID# CK#	Joann L Wells 256 Newburg Road Grinnell, Ia 50112		2.00	
07/12/02	ID# CK#	Joann L Wells 256 Newburg Road Grinnell, Ia 50112		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>VERIZON IOWA STATE GOOD GOVERNMENT CLUB</b>
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**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
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

TOTAL (if last page of this schedule) \$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

**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
05/17/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
05/31/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
06/14/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
06/28/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
07/12/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	

SUB-TOTAL \$ 14.55

**TOTAL (if last page of this schedule)** \$ 5,808.55

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FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" 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)

**VERIZON IOWA STATE GOOD GOVERNMENT CLUB**

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
05/22/02	ID# CK# 00049	Nancy Boettger for State Senate Comm Nancy Boettger 926 Ironwood Rd. Harlan, Ia 51537	State Senate General 2002/ia41 Political Contribution	100.00
07/09/02	ID# CK# 00051	Chiodo for State Representative Frank Chiodo 417 Burnham Street Des Moines, Ia 50315	State House/legislature/rep General 2002/iahd62 Political Contribution	250.00
05/16/02	ID# CK# 00047	Deluhery for Auditor Pat Deluhery 900 Firststar Center, 201 W. 2nd. Street Davenport, Ia 52801	Auditor of State General 2002/ia-22 Political Contribution	100.00
06/11/02	ID# 32 CK# 0033	Unitemized Expenditure Richard Drake - Returned Committee 2D: check		100.00-
07/09/02	ID# CK# 00050	Citizen for Brad Hansen Brad Hansen 1015 Shoal Pt. Drive Carter Lake, Ia 51510	State House/Legislature/rep General 2002/ia83 Political Contribution	250.00
SUB-TOTAL				\$ 600.00
TOTAL (if last page of this schedule)				\$ 600.00

**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 56.6(3)(i).)