

For Instructions, See Back of Form

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Cindy Corson For State Representative Committee

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 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	✓ P R I N
4-27-02	ID# CK# 0979	Bill and Verna Turnis	None	\$ 25.00	
4-27-02	ID# CK# 10501	Dan and Carol Macumber	None	\$ 25.00	
4-27-02	ID# CK# 5636	Dr and Virginia Frommelt	None	\$ 25.00	
4-28-02	ID# CK# 5249	Michael and Judith DeVine	None	\$ 200.00	
4-28-02	ID# CK# 4408	Kevin and Janet Keil	None	\$ 25.00	
5-1-02	ID# CK# 5834	Vincent and Molly Sheridan	None	\$ 25.00	
5-4-02	ID# CK# 2938	Patricia Henriksen	None	\$ 50.00	
5-4-02	ID# CK# cash	Jack + Verda Scott	None	\$ 50.00	
5-4-02	ID# CK# cash	Tim and Nancy Gehlsen	None	\$ 50.00	
5-4-02	ID# CK# cash	Fundraiser	None	\$ 60.00	
SUB-TOTAL				\$ 535.00	
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) (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.

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Cindy Corson for State Representative Committee

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 FU RAI INC
3/13/02	ID# CK#	Joe McGuire 2927-230th St. DeWitt, IA 52742	None	\$ 25.00	
4/19/02	ID# CK#	Misc. cash receipts less than \$25	None	15.00	
5/9/02	ID# CK#	misc. non-itemized cash receipts (Fundraiser)	None	50.00	
5/9/02	ID# CK# 7468	David Dike 2742-222nd St DeWitt, IA 52742	None	25.00	
	ID# CK#				

SUB-TOTAL \$ 115.00

TOTAL (if last page of this schedule) \$ 650.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<input 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)

Cindy Corson For State Representative Committee

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
4/15/02	ID# CK# <i>bank debit</i>	<i>DeWitt Bank Trust Co. 815 6th Ave DeWitt, IA 52742</i>	<i>charge for checks</i>	<i>\$ 16.50</i>
5-9-02	ID# CK# <i>1001</i>	<i>Clinton County Auditor P.O. Box 2957 Clinton, Iowa 52733</i>	<i>Voter print-out</i>	<i>7.00</i>
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ <i>23.50</i>

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Cindy Corson for State Representative Committee

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/6/02	Cindy Corson 2744 - 218th St DeWitt, IA 52742	Self	Campaign School Fee	\$ 50.00	
3/30/02	Cindy Corson 2744 218th St DeWitt, IA 52742	Self	Campaign Name Badge	30.90	
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	80.90

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