

PRIORITY MAIL

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

FILED MAY 17 2002

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Committee (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates

SIGNATURE OF TREASURER (or person filing this report) KATHY J. STANEK TELEPHONE 641-269-6560

DATE SIGNED 5-16-2002

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 MAY 19, 2002 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 County & Local Committees, enter County in which election is held

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.)

\$ 4,002.83

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1,393.19

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 \$ 1,393.19

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 925.00

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)

\$ 4,471.02

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	

**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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
<b>SUB-TOTAL</b>				<b>\$ 19.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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(including candidate's personal funds)

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01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		16.00-	
SUB-TOTAL				\$ 7.00-	
<b>TOTAL (if last page of this schedule)</b>				\$	

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<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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02/08/02	ID# CK#	Unitemized Receipt		16.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 25.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 11.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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(including candidate's personal funds)

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01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 17.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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02/22/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 19.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
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05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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03/08/02	ID# CK#	Unitemized Receipt		1.00	
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01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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03/08/02	ID# CK#	Unitemized Receipt		1.00	
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04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	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.

**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
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
01/25/02	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
02/08/02	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
02/22/02	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
03/08/02	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
SUB-TOTAL				\$ 19.55	
<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
03/22/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
04/05/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
04/19/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
05/03/02	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 17.64	
<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)

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
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 17.00	
<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
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 12.00	
<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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.36	
SUB-TOTAL				\$ 11.36	
<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.

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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
01/25/02	ID# CK#	Unitemized Receipt		2.36	
02/08/02	ID# CK#	Unitemized Receipt		2.36	
02/22/02	ID# CK#	Unitemized Receipt		2.36	
03/08/02	ID# CK#	Unitemized Receipt		2.36	
03/22/02	ID# CK#	Unitemized Receipt		2.36	
04/05/02	ID# CK#	Unitemized Receipt		2.36	
04/19/02	ID# CK#	Unitemized Receipt		2.36	
05/03/02	ID# CK#	Unitemized Receipt		2.36	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 22.88	
<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
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
01/25/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
02/08/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	

SUB-TOTAL \$ 25.13

**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
02/22/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
03/08/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
03/22/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
04/05/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
04/19/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
05/03/02	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 26.26

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
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
01/25/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
02/08/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
02/22/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
03/08/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
SUB-TOTAL				\$ 67.50	
<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
03/22/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/05/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/19/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
05/03/02	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 62.00

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
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 13.00

**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
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	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.

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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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
<b>SUB-TOTAL</b>				<b>\$ 19.00</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**

**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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	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	

**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
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	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.

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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
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	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.

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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
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	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.

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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
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
<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	

<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
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 14.00

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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04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	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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03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	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	

**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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03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 10.00	
<b>TOTAL (if last page of this schedule)</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
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	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	

<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
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

**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 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>
---

**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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		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)

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
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 18.00</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	

**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
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
01/25/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
02/08/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
<b>SUB-TOTAL</b>				<b>\$ 18.94</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**

**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
02/22/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
03/08/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
03/22/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
04/05/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
04/19/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
05/03/02	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 31.88

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	

<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
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	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>	MONETARY
(Rev. 06/97)	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
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	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
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
01/25/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
02/08/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
02/22/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
03/08/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
03/22/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
04/05/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
SUB-TOTAL				\$ 23.37	
<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
04/19/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
05/03/02	ID# CK#	Suzanne E Mc Eltree 206 N East St Toledo, Ia 52342-1810		2.91	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 21.82

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
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 11.00

**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 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
01/11/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
01/25/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
02/08/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
02/22/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
03/08/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
03/22/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
04/05/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
04/19/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
05/03/02	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 37.00</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
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	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.

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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
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	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
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
<b>SUB-TOTAL</b>				<b>\$ 14.00</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**

**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
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		2.64	
01/25/02	ID# CK#	Unitemized Receipt		2.64	
02/08/02	ID# CK#	Unitemized Receipt		2.64	
02/22/02	ID# CK#	Unitemized Receipt		2.64	
03/08/02	ID# CK#	Unitemized Receipt		2.64	
SUB-TOTAL				\$ 23.20	
<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
03/22/02	ID# CK#	Unitemized Receipt		2.64	
04/05/02	ID# CK#	Unitemized Receipt		2.64	
04/19/02	ID# CK#	Unitemized Receipt		2.64	
05/03/02	ID# CK#	Unitemized Receipt		2.64	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 16.56	
<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
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
01/25/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
02/08/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
02/22/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
03/08/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
03/22/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
04/05/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	

SUB-TOTAL \$ 38.00

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**

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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
04/19/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50812-1066		5.00	
05/03/02	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50812-1066		5.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 18.00	
<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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
01/25/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
02/08/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
02/22/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
03/08/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
03/22/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
04/05/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
04/19/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
05/03/02	ID# CK#	Cynthia L. Rose 1531 Elm St Grinnell, Ia 50112-1239		3.90	
<b>SUB-TOTAL</b>				<b>\$ 36.10</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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 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
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	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.

**CAUTION:** Section 88B.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
02/08/02	ID# CK#	Unitized Receipt		1.00	
02/22/02	ID# CK#	Unitized Receipt		1.00	
03/08/02	ID# CK#	Unitized Receipt		1.00	
03/22/02	ID# CK#	Unitized Receipt		1.00	
04/05/02	ID# CK#	Unitized Receipt		1.00	
04/19/02	ID# CK#	Unitized Receipt		1.00	
05/03/02	ID# CK#	Unitized Receipt		1.00	
01/11/02	ID# CK#	Unitized Receipt		1.00	
01/25/02	ID# CK#	Unitized Receipt		1.00	
02/08/02	ID# CK#	Unitized 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. Relationships must be shown to the third degree of consanguinity (blood relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If summa 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
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	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.

**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
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
01/25/02	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
02/08/02	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
02/22/02	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
03/08/02	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
SUB-TOTAL				\$ 20.00	
<b>TOTAL (if last page of this schedule)</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
03/22/02	ID# CK#	Michele S. Stason 1421 6th Ave Grinnell, IA 50112		3.00	
04/05/02	ID# CK#	Michele S. Stason 1421 6th Ave Grinnell, IA 50112		3.00	
04/19/02	ID# CK#	Michele S. Stason 1421 6th Ave Grinnell, IA 50112		3.00	
05/03/02	ID# CK#	Michele S. Stason 1421 6th Ave Grinnell, IA 50112		3.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 18.00

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 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
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 10.00	
<b>TOTAL (if last page of this schedule)</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 someone makes a contribution 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
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

**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 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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 10.00	
<b>TOTAL (if last page of this schedule)</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**

(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
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 19.00</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	

<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
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</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 surnames 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
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	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.

**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
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Jerilynn S Uitemmarkt 1410 West South St Knoxville, Ia 50138		4.17	
01/25/02	ID# CK#	Jerilynn S Uitemmarkt 1410 West South St Knoxville, Ia 50138		4.17	
02/08/02	ID# CK#	Jerilynn S Uitemmarkt 1410 West South St Knoxville, Ia 50138		4.17	
02/22/02	ID# CK#	Jerilynn S Uitemmarkt 1410 West South St Knoxville, Ia 50138		4.17	
<b>SUB-TOTAL</b>				<b>\$ 22.68</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
03/08/02	ID# CK#	Jerilynn S Uitemarkt 1410 West South St Knoxville, Ia 50138		4.17	
03/22/02	ID# CK#	Jerilynn S Uitemarkt 1410 West South St Knoxville, Ia 50138		4.17	
04/05/02	ID# CK#	Jerilynn S Uitemarkt 1410 West South St Knoxville, Ia 50138		4.17	
04/19/02	ID# CK#	Jerilynn S Uitemarkt 1410 West South St Knoxville, Ia 50138		4.17	
05/03/02	ID# CK#	Jerilynn S Uitemarkt 1410 West South St Knoxville, Ia 50138		4.17	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 25.85

**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
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	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	

**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
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	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.

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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
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
<b>SUB-TOTAL</b>				\$ 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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
<b>SUB-TOTAL</b>				\$ 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)

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
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
01/25/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	

SUB-TOTAL \$ 25.96

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
02/08/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
02/22/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
03/08/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
03/22/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
04/05/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
04/19/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
05/03/02	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
<b>SUB-TOTAL</b>				<b>\$ 40.86</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**

**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
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
01/25/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
02/08/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
02/22/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
<b>SUB-TOTAL</b>				\$ 23.76	
<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
03/08/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
03/22/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
04/05/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
04/19/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
05/03/02	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
<b>SUB-TOTAL</b>				\$ 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	

<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
03/22/02	ID# CK#	Unitized Receipt		2.00	
04/05/02	ID# CK#	Unitized Receipt		2.00	
04/19/02	ID# CK#	Unitized Receipt		2.00	
05/03/02	ID# CK#	Unitized Receipt		2.00	
01/11/02	ID# CK#	Unitized Receipt		1.00	
01/25/02	ID# CK#	Unitized Receipt		1.00	
02/08/02	ID# CK#	Unitized Receipt		1.00	
02/22/02	ID# CK#	Unitized Receipt		1.00	
03/08/02	ID# CK#	Unitized Receipt		1.00	
03/22/02	ID# CK#	Unitized Receipt		1.00	
<b>SUB-TOTAL</b>				<b>\$ 14.00</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**

**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
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

**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 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
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	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	

<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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
01/25/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
02/08/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
02/22/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
03/08/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
03/22/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
04/05/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
04/19/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
05/03/02	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	

SUB-TOTAL \$ 27.19

TOTAL (if last page of this schedule) \$ 1,393.19

\*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

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

SCHEDULE	
<b>B</b>	MONETARY
(Rev. 09/97)	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 <i>(Disbursement) WAS MADE</i>	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/18/02	ID# CK# 00044	Dennis Black for State Senate Dennis Black Rr 1, Box 100 Mingo, Ia 50168	State Senate Primary 2002/ia PAC Disbursement to Political Committee	200.00
01/03/02	ID# CK# 00039	Bob Brunkhorst for Senate Bob Brunkhorst 419 3rd Avenue SW Waverly, Ia 50677	State House/legislature/rep General 2002/ia09 Political Contribution	100.00
04/18/02	ID# CK# 00042	The Carroll Committee Denny Carroll 654 310 Th Avenue Grinnell, Ia 50112	State House/legislature/rep General 2002/ia PAC Disbursement to Political Committee	200.00
05/03/02	ID# 586 CK# 00046	Gipp for Representative Committee Chuck Gipp 1517 185th Street Decorah, Ia 52101	State House/legislature/rep General 2002/ia031 PAC Disbursement to Political Committee	100.00
05/03/02	ID# CK# 00045	Hoffman for Iowa House Committee Clarence Hoffman 869 S. 5th Street Charter Oak, Ia 51439	State House/legislature/rep General 2002/ia-12 PAC Disbursement to Political Committee	100.00
01/03/02	ID# CK# 00038	David J. Johnson for Iowa Senate David Johnson P.O. Box 279 Osceola, Ia 51354	State House/legislature/rep General 2002/ia03 Political Contribution	100.00
02/06/02	ID# CK#	Unitemized Expenditure		100.00-
04/18/02	ID# CK# 00043	Committee to Elect Matt McCoy Matt McCoy 211 Thornton Avenue Des Moines, Ia 50315	State Senate Primary 2002/ia- PAC Disbursement to Political Committee	200.00
SUB-TOTAL				\$ 900.00
<b>TOTAL (if last page of this schedule)</b>				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

SCHEDULE <b>B</b>	MONETARY
(Rev. 09/97)	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 <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/04/02	ID# CK# 00041	State of Iowa 514 E. Locust Street Suite 104 Des Moines, Ia 50309	Late Filing Penalty of Iowa Ethics Bd	25.00
SUB-TOTAL				\$ 25.00
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 925.00</b>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)