

DISCLOSURE SUMMARY PAGE

OCT 16 2002
PM 10:15

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	841
Indexed	
Audited	9-9-03
Computer	WRS

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect [Signature]

IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates

[Signature] (712) 732-2456
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE**

10-15-02
DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

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

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election _____

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 first report filed.)	\$	3864.69
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		4664.89
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	5529.58
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		3919.09
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	4610.49

UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) *slip - 0* \$ 994.51

YES _____ NO _____

For Instructions, See Back of Form

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Mark Finney

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
✓ 7/26/02	ID# 6323 CK# 2656	Master Builders of Iowa 221 Park St. Box 695 Des Moines, Ia 50303		\$ 100 ⁰⁰	
✓ 8/23/02	ID# CK#	Am. Co. Republican Cent. Comd Bob Gil 308 Summit Wall Lake, Ia		50 ⁰⁰	
✓ 8/28/02	ID# 6116 CK# 1022	Iowa Equipment Dealers PO Box 65840 West Des Moines, Ia 50265		75 ⁰⁰	
✓ 8/29/02	ID# 6069 CK# 1948	Iowa Industry PAC 904 Walnut #100 Des Moines, Ia 50309-3503		200 ⁰⁰	
9/1/02	ID# CK#	Keith W. Pierce 904 Emerald Dr. Des Moines, Ia 50585		25 ⁰⁰	
9/1/02	ID# CK#	Allen M. Strawn 303 E. Legerage Dr. Des Moines, Ia 50588		25 ⁰⁰	
✓ 9/11/02	ID# 6072 CK# 2034	Life Underwriters PAC 431 Locust #300 Des Moines, Ia 50309		250 ⁰⁰	
✓ 9/16/02	ID# 6034 CK# 003960	IFBF 5400 University Ave. West Des Moines, Ia 50266-5997		100 ⁰⁰	
✓ 9/16/02	ID# 6052 CK# 2608	Ind. Ins. Agents of Iowa 4000 Westown Pkwy. # 200 West Des Moines, Ia 50266		250 ⁰⁰	
✓ 9/18/02	ID# 6070 CK# 2689	Iowa Law Pac 521 E. Locust - 3rd Floor Des Moines, Ia 50309-1939		150 ⁰⁰	
SUB-TOTAL				\$ 1225 ⁰⁰	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For instructions, See Back of Form.

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Dr. Freeman

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
✓ 9/18/02	ID# 6125 CK# 2000	Iowa Section PAC 1370 DCO 11th St. #100 Cedar Rapids, Ia 50325		\$ 200 ⁰⁰	
✓ 9/19/02	ID# CK#	Dunes Vista Co. Republican Dick Buchelman, Treas. 215 Stony Pt. Dr. Des Moines, Ia 50588		700 ⁰⁰	
✓ 9/19/02	ID# 6064 6067 CK# 1542	Iowa Mental Health PAC 505 - 5th Ave #333 Des Moines, Ia 50309-2377		100 ⁰⁰	
✓ 9/20/02	ID# 6291 CK# 2134	Iowa Hospital Assoc. 100 E. Grand #100 Des Moines, Ia 50309		250 ⁰⁰	
✓ 9/20/02	ID# 9529 CK#	Ia Fed. of Rep. Women #5 Ruth Kretsch, Treasurer 400 N. Lincoln St. Cedar Rapids, 50801		125 ⁰⁰	
✓ 9/24/02	ID# 6486 CK# 1273	Iowa Telecom PAC 115 S. 2nd Ave. W. Des Moines, Ia		150 ⁰⁰	
✓ 9/24/02	ID# 6429 CK# 1714	Heavy Highway PAC 2415 Impressee Ave. Des Moines, Ia 50312-5233		200 ⁰⁰	
✓ 9/24/02	ID# 6237 CK# 1480	ABATE 3118 Eastern Ave NE Cedar Rapids, Ia 52402		250 ⁰⁰	
✓ 9/24/02	ID# 6059 CK# 2239	IOWA 1111 Office Park Rd West Des Moines, Ia 50265		500 ⁰⁰	
✓ 9/27/02	ID# 6067 CK# 2856	Iowa Health PAC 6750 Westown Pkwy. #100 West Des Moines, Ia 50266		200 ⁰⁰	

SUB-TOTAL \$ 2675⁰⁰
TOTAL (if last page of this schedule) \$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Al Linneman

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
✓ Sept. 30/02	ID# 6087 CK# 1230	Iowa Telecommunications Ind PAC 2987-100th St. Windsor, Ia 50322-5501		\$ 200.00	
9/30/02	ID# CK#	Dr. Jay Hartung 1041 Scott Zeller Dr. Indianola, Ia 50125		50.00	
✓ 10/5/02	ID# 6062 CK# 1382	Iowa CPA PAC 450 Office Park Rd # 300 West Des Moines, Ia 50265-2546		100.00	
✓ 10/8/02	ID# 6082 CK# 805	Madame's Energy Effective Prot. Com. Box 657 666 Grand Ave Des Moines, Ia 50303-0657		200.00	
✓ 10/10/02	ID# 6155 CK# 003986	Tappan United PO Box 209 Muscatine, Ia 52761-0069		200.00	
10/14/02	ID# CK#	interest - July - Oct 7 Checking account		14.89	
	ID# CK#				

SUB-TOTAL \$ 764.89
TOTAL (if last page of this schedule) \$ 4664.89

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 08/96)	MONETARY EXPENDITURES
--------------------------------------	--------------------------

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect M.L. Freeman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
7/16/02	ID# CK#	<i>Mary Lou Freeman 203 Della Rd Alta, Ia 51002</i>	<i>Reimburse for latter room at Rep State Convention</i>		\$ 73.39
7/24/02	ID# CK#	<i>Les K. Clavick 401 Winthrop Ct. Storm Lake, 50588</i>	<i>Repayment of Campaign Receipt</i>		100.00
7/24/02	ID# CK#	<i>Mary Lou Freeman 203 Della Rd Alta, Ia 51002</i>	<i>Meleag Reimbursement 1-1-02 - 6-30-02 1380 n. e 36.5¢</i>		503.70
7/30/02	ID# CK#	<i>Odell & Charlotte Main St. Odessa, Ia</i>	<i>Subscription to enhance Candidates</i>		19.00
7/30/02	ID# CK#	<i>Joe Stein 406 Williams Sol City, Ia</i>	<i>Subscription to Enhance Candidates</i>		21.50
8/23/02	ID# CK#	<i>Storm Lake Times 270 W Railroad Storm Lake Ia</i>	<i>Subscription to enhance Candidates</i>		43.95
8/28/02	ID# CK#	<i>Office to Republican Epidemiology Iowa, Iowa</i>	<i>Contribution</i>		15.00
SUB-TOTAL					\$ 776.54
TOTAL (if last page of this schedule)					\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

*Campaign funds may be used only for:

- (1) campaign purposes,
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the category column for each expenditure.

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).)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 08/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Art Lovern see amended schedule

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
9/4/02	ID# CK#	<i>Lick Screen Inc 372 Dupree Des Moines, Ia 50300</i>	<i>Signs</i>		562.86 \$ 562.86
9/5/02	ID# CK#	<i>Pura Vista Co Farm 1707 Lese Ave. Des Moines, Ia 50318</i>			45.00
9/11/02	ID# CK#	<i>Christian Coll of Iowa 2446 50th St West Des Moines, Ia</i>			400.00
9/16/02	ID# CK#	<i>Age Co. Republican Madeline Appel 1854-28th Des Moines, Ia</i>			10.00
10/2/02	ID# CK#	<i>Mary Ann Lovern 203 Villa Rd Alta, Ia 51002</i>	<i>Relaxation 7.1.02-7.30.02 2160 mi @ 36.5</i>		788.40
10/12/02	ID# CK#	<i>Luis R. Chavez 701 Westrup Circle Iowa Lake, Ia 51002</i>	<i>Prep of Campaign Rep Recruitment & Chg Act.</i>		100.00
10/5/02	ID# CK#	<i>Essential Club, Rep. Party 521 E. Locust Des Moines, Ia 50309</i>			1000.00
SUB-TOTAL					\$ 2906.26
TOTAL (if last page of this schedule)					\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

*Campaign funds may be used only for:
 (1) campaign purposes,
 (2) constituency expenses, and
 (3) educational and other expenses associated with duties of office.
 Please insert the applicable number in the category column for each expenditure.

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).)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM Oct. 19, 02	

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)

Committee to Elect M. Freeman

SEP 18 2003
PM 9:16

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/4/02	ID# CK#	<i>Bill Green Inc 5-12 Seneca Dumoxie, Ia 50588</i>	<i>Campaign print signs</i>	<i>\$562.86</i>
9/5/02	ID# CK#	<i>Quinn State Co Farm Bureau 1707 1st Ave Dumoxie, Ia 50588</i>	<i>Membership to Enhance Candidacy</i>	<i>45.00</i>
9/11/02	ID# CK#	<i>Christina Chalton P.O. 65066 West Plains, Ia</i>	<i>Donation to Enhance Candidacy</i>	<i>400.00</i>
9/16/02	ID# CK#	<i>App. Co. Republicans Melinda Keyes 1554 - 280th St Deloit, Ia 51458</i>	<i>Donation to enhance candidacy</i>	<i>10.00</i>
10/12/02	ID# CK#	<i>Raymond Stearns 203 Wella Rd Alta, Ia 51002</i>	<i>Mileage reimbursement 7-1-02 thru 9-30-06 2160 mi @ 36.5</i>	<i>788.40</i>
10/12/02	ID# CK#	<i>St. R. Church 701 Westrup Circle Dumoxie, Ia 51002</i>	<i>Preparation of Campaign Report fee of checking acct info.</i>	<i>100.00</i>
10/5/02	ID# CK#	<i>Essence of Life 571 E. 900th Des Moines, Ia 50309</i>	<i>Donation</i>	<i>1000.00</i>
	ID# CK#			
SUB-TOTAL				<i>\$2906.26</i>
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Moore

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
<i>8/14/02</i>	ID# CK#	<i>Lee Co. Republican Madeline Plesper 1854-280th St Decorah, Ia</i>	<i>Contribution</i>	<i>\$ 100.00</i>
<i>7/16/02</i>	ID# CK#	<i>Dr. Slaton, & Printing 111 E 6th St Iowa Lake, Ia 50585</i>	<i>Printing</i>	<i>136.29</i>
	ID# CK#			

SUB-TOTAL *\$ 236.29*
TOTAL (if last page of this schedule) *\$ 3919.02*

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)(l).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 02/96)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee to Elect M. Freeman

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
<i>2/1/99</i>	<i>Road Signs</i>	<i>675⁰⁰</i>	<i>425²⁵</i>
<i>5/4/02</i>	<i>4 Vehicle Signs</i>	<i>42⁴⁰</i>	<i>42⁴⁰</i>
<i>9/4/02</i>	<i>100 yard signs</i>	<i>526⁸⁶</i>	<i>526⁸⁶</i>

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ *5/B-0* *99451*

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show **est.** beside figure.

(Attach Additional Schedules if Needed)