

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>6038</u>	
Indexed <u>3W</u>	
Audited _____	
Computer _____	

MAILED
MAY 13 2003
PRIORITY
FILED pm 5-12

COMMITTEE NAME (Must be same as on Statement of Organization) Priority
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 Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

Kathy J. Stone Secretary 641-269-6560
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

5-10-2003
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 MAY 19, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one **2**

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.)	\$	<u>3,267.49</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>1,774.09</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees only)</u>		
SUB-TOTAL	\$	<u>1,774.09</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>0.00</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>5,041.58</u>

UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0.00</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u> </u> YES <u> </u> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</u>

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)*
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
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 19.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

TOTAL (if last page of this schedule) \$

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME *(Must be same as on Statement of Organization)*
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02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME *(Must be same as on Statement of Organization)*
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02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 14.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 16.00	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

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04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 13.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 18.00	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 11.00	
TOTAL (if last page of this schedule)				\$	

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01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	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 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)*

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
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	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 A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> 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
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
01/24/03	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
02/07/03	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
02/21/03	ID# CK#	Cynthia S Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
SUB-TOTAL				\$ 17.64	
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 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)*
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
03/07/03	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
03/21/03	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
04/04/03	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
04/18/03	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
05/02/03	ID# CK#	Cynthia S Cloyd 1221 Prince Street Grinnell, Ia 50112		2.91	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 19.55	
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 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)

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
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 16.00	
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 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)*
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
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 13.00	
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 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)*
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
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	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 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)

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
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	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 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)*

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
01/10/03	ID# CK#	Unitemized Receipt		2.36	
01/24/03	ID# CK#	Unitemized Receipt		2.36	
02/07/03	ID# CK#	Unitemized Receipt		2.36	
02/21/03	ID# CK#	Unitemized Receipt		2.36	
03/07/03	ID# CK#	Unitemized Receipt		2.36	
03/21/03	ID# CK#	Unitemized Receipt		2.36	
04/04/03	ID# CK#	Unitemized Receipt		2.36	
04/18/03	ID# CK#	Unitemized Receipt		2.36	
05/02/03	ID# CK#	Unitemized Receipt		2.36	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 23.24	
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 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)*
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
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
01/24/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
SUB-TOTAL				\$ 23.42	
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 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)

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
02/07/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
02/21/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
03/07/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
03/21/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
04/04/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
04/18/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
05/02/03	ID# CK#	Romaine K Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 28.97	
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 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)*
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
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
01/24/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
02/07/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
02/21/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
SUB-TOTAL				\$ 56.00	
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 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)

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
03/07/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
03/21/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/04/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/18/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
05/02/03	ID# CK#	John S Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 72.50	
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 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)*
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
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 14.00

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 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)*
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
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	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 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)*
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
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
01/24/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
02/07/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
02/21/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
03/07/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
03/21/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
04/04/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
04/18/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
SUB-TOTAL				\$ 26.00	
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 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)*
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
05/02/03	ID# CK#	Ellen T Graff 700 Garfield St Tama, Ia 52339-2208		3.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 12.00	
TOTAL (if last page of this schedule)				\$	

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

(including candidate's personal funds)

SCHEDULE 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)*
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
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		5.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 14.00	
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 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)*
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
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	
01/24/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	

SUB-TOTAL \$ 16.00

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 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)

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
02/07/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	
02/21/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	
03/07/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	
03/21/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	
04/04/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	
04/18/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	
05/02/03	ID# CK#	Traci A Guthrie 121 Adair St Kellogg, Ia 50135-1116		4.00	
01/10/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	
01/24/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	
02/07/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	

SUB-TOTAL \$ 43.00

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 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)*

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
02/21/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	
03/07/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	
03/21/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	
04/04/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	
04/18/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	
05/02/03	ID# CK#	Ann M Hanssen 1521 8th Ave Grinnell, Ia 50112-1520		5.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 38.00	
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 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)*
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
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 18.00	
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 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)*
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
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	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 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)

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
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
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 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)

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
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
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 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)

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
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	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 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)

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
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 17.00	
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 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)

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
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
01/24/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
02/07/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
02/21/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
03/07/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
03/21/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
04/04/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
04/18/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
SUB-TOTAL				\$ 44.00	
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 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)*
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
05/02/03	ID# CK#	Pamela L Kessler 255 420th Ave Grinnell, Ia 50112-1864		5.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	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 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)*
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
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 19.00	
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 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)

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
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 12.00

TOTAL (if last page of this schedule)

\$

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

(including candidate's personal funds)

SCHEDULE 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)

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
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 17.00	
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 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)

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
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
01/24/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
02/07/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
02/21/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	

SUB-TOTAL \$ 21.92

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 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)

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
03/07/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
03/21/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
04/04/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
04/18/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
05/02/03	ID# CK#	Debra E Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 29.90	
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 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)*
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
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	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 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)

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
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	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 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)*
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
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	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 A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> 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
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
01/24/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
02/07/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
02/21/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
03/07/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
03/21/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
04/04/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
04/18/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	
05/02/03	ID# CK#	Suzanne E McEltree 206 N East St Toledo, Ia 52342-1810		2.91	

SUB-TOTAL \$ 27.19

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 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)

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
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 19.00	
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 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)*
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
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
01/24/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
SUB-TOTAL				\$ 16.00	
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 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)

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
02/07/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
02/21/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
03/07/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
03/21/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
04/04/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
04/18/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
05/02/03	ID# CK#	Rhonda R Moyes 302 2nd Ave Grinnell, Ia 50112-1813		4.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 31.00	
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 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)*
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
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
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 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)*
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
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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

(including candidate's personal funds)

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)*
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
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 16.00	
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 A	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
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
01/24/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
02/07/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
02/21/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
03/07/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
03/21/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
04/04/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
SUB-TOTAL				\$ 41.00	
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 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)*
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
04/18/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
05/02/03	ID# CK#	Linda M Pease 1108 Summer St Grinnell, Ia 50112-1751		5.00	
01/10/03	ID# CK#	Unitemized Receipt		2.64	
01/24/03	ID# CK#	Unitemized Receipt		2.64	
02/07/03	ID# CK#	Unitemized Receipt		2.64	
02/21/03	ID# CK#	Unitemized Receipt		2.64	
03/07/03	ID# CK#	Unitemized Receipt		2.64	
03/21/03	ID# CK#	Unitemized Receipt		2.64	
04/04/03	ID# CK#	Unitemized Receipt		2.64	
04/18/03	ID# CK#	Unitemized Receipt		2.64	
SUB-TOTAL				\$ 31.12	
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 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)

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
05/02/03	ID# CK#	Unitemized Receipt		2.64	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 11.64	
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 A (Rev. 06/97)	MONETARY RECEIPTS
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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
01/10/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
01/24/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
02/07/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
02/21/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
03/07/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
03/21/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
04/04/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
04/18/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
05/02/03	ID# CK#	Jan K Pope 603 Van Horne Cir Grinnell, Ia 50112-1066		5.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 46.00

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 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)*
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
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
01/24/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
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 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)*
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
02/07/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
02/21/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
03/07/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
03/21/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
04/04/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
04/18/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
05/02/03	ID# CK#	Cynthia L Rose 1115 Reed St Apt 2w Grinnell, Ia 50112-1337		5.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 38.00	
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 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)

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
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	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 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)*
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
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	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 A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> 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
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	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 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)*
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
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	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 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)

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
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	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 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)

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
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
01/24/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
02/07/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
02/21/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
03/07/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
03/21/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
04/04/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
04/18/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
05/02/03	ID# CK#	Margaret E Sieck 4220 Porter Addition Grinnell, Ia 50112		3.00	
SUB-TOTAL				\$ 28.00	
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 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)*
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
01/10/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
01/24/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
02/07/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
02/21/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
03/07/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
03/21/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
04/04/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
04/18/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
05/02/03	ID# CK#	Michele L Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
01/10/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	

SUB-TOTAL \$ 32.00

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 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)*
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
01/24/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	
02/07/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	
02/21/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	
03/07/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	
03/21/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	
04/04/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	
04/18/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	
05/02/03	ID# CK#	Kathy V Stanek PO Box 926 Grinnell, Ia 50112-0926		5.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 42.00

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

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> 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
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
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 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)*
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
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
01/24/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
02/07/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
02/21/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
SUB-TOTAL				\$ 28.00	
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 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)*
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
03/07/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
03/21/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
04/04/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
04/18/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
05/02/03	ID# CK#	Cheryl L Still 1625 3rd Avenue Grinnell, Ia 50112		4.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 30.00	
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 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)*
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
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	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 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)

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
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	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 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)

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
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	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 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)

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
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
01/24/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
02/07/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
02/21/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
03/07/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
03/21/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
04/04/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
04/18/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
05/02/03	ID# CK#	Jerilynn S Uitermarkt 1410 West South St Knoxville, Ia 50138		4.17	
SUB-TOTAL				\$ 38.53	
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 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)*
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
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	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 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)*
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
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	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 A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> 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
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 13.00

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

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> 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
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 16.00	
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 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)*
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
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 15.00

TOTAL (if last page of this schedule) \$

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

(including candidate's personal funds)

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)*
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
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
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 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)*
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
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
01/24/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
02/07/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
02/21/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
03/07/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
03/21/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
04/04/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
SUB-TOTAL				\$ 40.86	
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 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)*
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
04/18/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
05/02/03	ID# CK#	Deborah D Walker 238 Horseshoe Drive Montezuma, Ia 50171		4.98	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
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 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)*
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
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
01/24/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
02/07/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
02/21/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
03/07/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
03/21/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
04/04/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
04/18/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
05/02/03	ID# CK#	Diana J Webster 317 E 9th St N Newton, Ia 50208		2.94	
SUB-TOTAL				\$ 28.46	
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 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)*
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
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 19.00	
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 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)*
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
01/24/03	ID# CK#	Unitemized Receipt		1.00	
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		1.00	
01/24/03	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 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)*
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
02/07/03	ID# CK#	Unitemized Receipt		1.00	
02/21/03	ID# CK#	Unitemized Receipt		1.00	
03/07/03	ID# CK#	Unitemized Receipt		1.00	
03/21/03	ID# CK#	Unitemized Receipt		1.00	
04/04/03	ID# CK#	Unitemized Receipt		1.00	
04/18/03	ID# CK#	Unitemized Receipt		1.00	
05/02/03	ID# CK#	Unitemized Receipt		1.00	
01/10/03	ID# CK#	Unitemized Receipt		2.00	
01/24/03	ID# CK#	Unitemized Receipt		2.00	
02/07/03	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 13.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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

COMMITTEE NAME *(Must be same as on Statement of Organization)*
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
02/21/03	ID# CK#	Unitemized Receipt		2.00	
03/07/03	ID# CK#	Unitemized Receipt		2.00	
03/21/03	ID# CK#	Unitemized Receipt		2.00	
04/04/03	ID# CK#	Unitemized Receipt		2.00	
04/18/03	ID# CK#	Unitemized Receipt		2.00	
05/02/03	ID# CK#	Unitemized Receipt		2.00	
01/10/03	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
01/24/03	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
02/07/03	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
02/21/03	ID# CK#	Theresa A Yoder 406 Clay St., P.o.box 82 Malcom, Ia 50157		2.91	
SUB-TOTAL				\$ 23.64	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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

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

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
03/07/03	ID# CK#	Theresa A Yoder 406 Clay St., P.O.box 82 Malcom, Ia 50157		2.91	
03/21/03	ID# CK#	Theresa A Yoder 406 Clay St., P.O.box 82 Malcom, Ia 50157		2.91	
04/04/03	ID# CK#	Theresa A Yoder 406 Clay St., P.O.box 82 Malcom, Ia 50157		2.91	
04/18/03	ID# CK#	Theresa A Yoder 406 Clay St., P.O.box 82 Malcom, Ia 50157		2.91	
05/02/03	ID# CK#	Theresa A Yoder 406 Clay St., P.O.box 82 Malcom, Ia 50157		2.91	

SUB-TOTAL \$ 14.55

TOTAL (if last page of this schedule) \$ 1,774.09

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