

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1344</u>	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Courtney for State Senate Committee

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

CANDIDATE COMMITTEES ONLY:

Candidate Name Thomas G. Courtney	Political Party Democrat
Office Sought Senate	District (if Senate or House) 44

JAN 16 2004
 pml-15
 1-15-04
 DATE SIGNED

Charles W. Shanker
 SIGNATURE OF TREASURER (or person filing this report)

319-754-8615
 TELEPHONE

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2004 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
 (report date)

Indicate one 1 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 first report filed.)	\$ 1311.15
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	5932.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 7243.15
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	2898.08
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 4345.07

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 800.00

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Courtney for State Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
05/20/03	ID# 6139 CK# 2154	United Steel Workers of America 125 NW Broadway Des Moines, IA 50313	N/A	\$250.00	<input type="checkbox"/>
05/28/03	ID# CK# 2049	Local No. 150-LUOE 6200 Joliet Rd. Countryside, IL 60525	N/A	500.00	<input type="checkbox"/>
06/02/03	ID# 6021 CK# 1623	Credit Union Political Action Comm. 3737 Westown Pkwy. W. Des Moines, IA 50265	N/A	500.00	<input type="checkbox"/>
05/03/03	ID# 6085 CK# 766	Iowa State Bldg. and Construction Trade Council 110 10th Ave. NW Altoona, IA 50029	N/A	250.00	<input type="checkbox"/>
06/12/03	ID# CK#	Unitemized Contribution	N/A	20.00	<input type="checkbox"/>
06/02/03	ID# CK#	Dennis or Susan Judkins 1705 Country Club Rd Indianola, IA 50125-1136	N/A	20.00	<input type="checkbox"/>
06/02/03	ID# 6356 CK# 1195	Freedom Fund PAC 851-19th St. Des Moines, IA 50314	N/A	100.00	<input type="checkbox"/>
06/02/03	ID# CK#	Michael B. Heller/ Tracy Weissinger 1669 NW 92nd St. Clive, IA 50325	N/A	100.00	<input type="checkbox"/>
07/09/03	ID# 6078 CK# 1512	Iowa Physical Therapy PAC 1228 8th St. Suite 106 W. Des Moines, IA 50265	N/A	50.00	<input type="checkbox"/>
07/01/03	ID# CK#	David L. Palmer/Patricia B. Palmer 213 SW Flynn Dr. Ankeny, IA 50021	N/A	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,890.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). 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

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Courtney for State Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/07/03	ID# CK# 1016	Iowa Letter Carriers/Comm. On Political Ed. PO Box 111 Mediapolis, IA 52637	N/A	\$250.00	<input type="checkbox"/>
08/11/03	ID# CK#	Mary A. Buhmeyer 1513 Haskell Burlington, IA 52601	N/A	25.00	<input type="checkbox"/>
07/20/03	ID# CK#	Steven J. Crowley 10924 Oak Ridge Rd Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/19/03	ID# CK#	MJW Court Reporting Services 800 F&M Bank Bldg. Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/05/03	ID# CK#	Unitemized Contribution	N/A	10.00	<input type="checkbox"/>
07/17/03	ID# CK#	John H. Riessen 316 Kimberly Dr. W. Burlington, IA 52655	N/A	25.00	<input type="checkbox"/>
07/19/03	ID# CK#	Eugene or Faye Fraise 1699 280th Ave. Ft. Madison, IA 52627	N/A	25.00	<input type="checkbox"/>
07/19/03	ID# CK#	Thomas Miller 406 S. Plane Burlington, IA 52601	N/A	200.00	<input type="checkbox"/>
07/15/03	ID# CK#	Jerry E. Rigdon 1600 Heisey Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/13/03	ID# CK#	Jerald E. Parks 2729 S. Main St. Burlington, IA 52601	N/A	20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 705.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). 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

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Courtney for State Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/14/03	ID# CK#	Warren and Shirley Kemper 5974 F Ave. Wapello, IA 52653	N/A	\$25.00	<input type="checkbox"/>
07/15/03	ID# CK#	Barbara A or Dennis L. Imler 3335 Ridgeview Dr. Burlington, IA 52601	N/A	15.00	<input type="checkbox"/>
07/19/03	ID# CK#	Unitemized Contribution	N/A	20.00	<input type="checkbox"/>
07/12/03	ID# CK#	William Bauer 123 Golf Lane Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/15/03	ID# CK#	David L. or Lorraine Opiekun 2831 LeSylvia Dr. Burlington, IA 52601	N/A	15.00	<input type="checkbox"/>
07/15/03	ID# CK#	Marlene Gerst 11302 150th St. Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/18/03	ID# CK#	Dennis M. Cohoon PO Box 157 Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/19/03	ID# CK#	Leo D or Cheryl Y. Riney 315 Broadway W. Burlington, IA 52655	N/A	25.00	<input type="checkbox"/>
07/13/03	ID# CK#	James E. Carter 914 S. 13th St. Burlington, IA 52601	N/A	20.00	<input type="checkbox"/>
07/19/03	ID# CK#	Don Paulson 2451 Jasper Ave. Letts, IA 52754	N/A	25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 295.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). 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

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Courtney for State Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/19/03	ID# CK#	Kathryn S. Waterhouse 17512 Teal Road Sperry, IA 52650	N/A	\$10.00	<input type="checkbox"/>
07/19/03	ID# CK#	Unitemized Contribution	N/A	10.00	<input type="checkbox"/>
07/19/03	ID# CK#	Paula Logan 5852 Summer St. Burlington, IA 52601	N/A	25.00	<input type="checkbox"/>
07/19/03	ID# CK#	Tim E. Hoschek 2622 Evergreen Dr. Burlington, IA 52601	N/A	10.00	<input type="checkbox"/>
07/19/03	ID# CK#	Jim Baltisberger 2642 Subilbe Ave. Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/19/03	ID# CK#	Rosemary J. Carman 500 Conrad Ct. Burlington, IA 52601	N/A	10.00	<input type="checkbox"/>
07/19/03	ID# CK#	Chuck and Karen Shanks 11063 Fawn Rd Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/19/03	ID# CK#	Joseph J. Weingart 271 Remick Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
07/19/03	ID# CK#	Nancy Schulte 2556 Surrey Rd. Burlington, IA 52601	N/A	100.00	<input type="checkbox"/>
07/19/03	ID# CK#	Jeff Heland or Cynthia J. Heland 200 Emmett St Burlington, IA 52601	N/A	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 415.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). 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

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Courtney for State Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/08/03	ID# 6113 CK# 002839	AFSCME/Iowa Council 61 4320 NW 2nd Ave. Des Moines, IA 50313	N/A	\$500.00	<input type="checkbox"/>
09/08/03	ID# 6046 CK# 3679	Justice For All PAC 6046 218 6th Ave. Suite 526 Des Moines, IA 50309	N/A	250.00	<input type="checkbox"/>
09/05/03	ID# CK#	Mike Courtney 410 S. 9th Burlington, IA 52601	brother	100.00	<input type="checkbox"/>
07/28/03	ID# CK#	Kevin and Kathy Johnson 332 Emmett Burlington, IA 52601	N/A	50.00	<input type="checkbox"/>
12/22/03	ID# 6078 CK# 1554	Iowa Physical Therapy PAC 1228 8th St. Suite 106 W. Des Moines, IA 50265	N/A	50.00	<input type="checkbox"/>
09/05/03	ID# CK#	Unitemized Contribution	N/A	22.00	<input type="checkbox"/>
06/18/03	ID# 6125 CK# 002202	Iowa Realtors PAC 1370 NW 114th St. Suite 100 Clive, IA 50325	N/A	100.00	<input type="checkbox"/>
10/21/03	ID# CK#	Wayne Hungerford 2404 Hunter Road Bettendorf, IA 52722	N/A	20.00	<input type="checkbox"/>
08/14/03	ID# 9672 CK# 1055	Plumbers and Pipefitters Local 125 1839 16th Ave. Sw Cedar Rapids, IA 52404	N/A	1,000.00	<input type="checkbox"/>
08/14/03	ID# CK#	Dave and Diane Ehret 2609 Evergreen Dr. Burlington, IA 52601	N/A	10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2,102.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). 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

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Courtney for State Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
06/07/03	ID# CK#	Jodi Tomlonovic 1245 40th St. Des Moines, Ia 50311	N/A	\$25.00	<input type="checkbox"/>
12/20/03	ID# 6067 CK#	Iowa Health PAC 6750 Westown Pkwy. W. Des Moines, IA 50266	N/A	150.00	<input type="checkbox"/>
07/19/03	ID# CK#	Matt Schulte 119 S. Marshall St. Burlington, IA 52601	son-in-law	150.00	<input type="checkbox"/>
12/29/03	ID# 6078 CK# 1554	Iowa Physical Therapy PAC 1228 8th St. Suite 106 W. Des Moines, IA 50265	N/A	50.00	<input type="checkbox"/>
07/19/03	ID# CK#	Mike Edwards 1314 N. 8th Burlington, IA 52601	N/A	150.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 525.00	
TOTAL (if last page of this schedule)				\$ 5932.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). 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

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Courtney for State Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/10/03	ID# CK# 1064	Thomas Little 123 Centennial Dr Mediapolis, IA 52637	signs for campaign advertising	\$ 45.00
02/15/03	ID# CK# 1061	Gateway 4520 University Ave, Suite 130 W. Des Moines, IA 50266	computer for committee	1,000.00
06/06/03	ID# CK# 1063	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	labels/envelopes	112.36
09/20/03	ID# CK# 1071	Tom Courtney 2200 Summer Burlington, IA 52601	reimbursement for computer for committee	561.84
12/29/03	ID# CK# 1072	Tom Courtney 2200 Summer Burlington, IA 52601	office supplies	56.76
07/14/03	ID# CK# 1066	Donna Courtney 2200 Summer Burlington, IA 52601	refreshments for fund raiser	82.47
07/20/03	ID# CK# 1067	Larry Gerdomb 6389 Summer St. Burlington, IA 52601	supplies for fund raiser	148.50
08/02/03	ID# CK# 1068	Des Moines Cty. Democrats 200 Emmett St. Burlington, IA 52601	invitations	133.75
SUB-TOTAL				\$ 2140.68
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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

Courtney for State Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/28/03	ID# CK# 1065	Postmaster 300 N Main St. Burlington, IA 52601	postage	\$ 37.00
09/18/03	ID# CK# 1069	Postmaster 300 N Main St. Burlington, IA 52601	P.O. Box Rental	68.00
06/06/03	ID# CK# 1062	Senate Truman Fund / IDP 5661 Fleur Dr. Des Moines, IA 50321	Donation	152.40
09/19/03	ID# CK# 1070	Senate Truman Fund / IDP 5661 Fleur Dr. Des Moines, IA 50321	Donation	500.00
	ID# CK#			
SUB-TOTAL				\$ 757.40
TOTAL (if last page of this schedule)				\$ 2898.08

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Courtney for State Senate Committee

Reset Form

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
02/20/03	Computer	1561.84	800.00

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

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 800.00 est.

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

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

(Attach Additional Schedules if Needed)