

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1411</u>	
Logged In <u>e</u>	
Scanned _____	
Computer _____	
Audited _____	

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

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

CANDIDATE COMMITTEES ONLY:

Candidate Name SEYMOUR, JAMES A Political Party Republican

Office Sought SENATE District (if Senate or House) 28

JAN 12 2004

n.d.

SIGNATURE OF TREASURER (or person filing this report) James A. Seymour TELEPHONE (712) 647-2699 DATE SIGNED JAN. 10, 2004

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.)	\$	<u>1,788.89</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>8,400.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>- 0 -</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>- 0 -</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>10,188.89</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,395.57</u>
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>8,793.32</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>149.81</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

For Instructions, See Back of Form

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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)
 DEYMOUR FOR SENATE

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
10/08/03	ID# 6021 CK# 1667	CREDIT UNION PAC 3737 WESTOWN PARKWAY W. DES MOINES, IA 50266	None	\$ 250.00	<input checked="" type="checkbox"/>
10/20/03	ID# 6118 CK# 1971	IOA - PAC 1454 30TH ST SUITE 204 W. DES MOINES, IA. 50266	"	150.00	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# 6291 CK# 2250	IHA - PAC 100 E. GRAND STE 100 DES MOINES, IA. 50309	"	5,000.00	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 1170	J. KIRK OR ANNELLE M. NORRIS 5055 COPPER CREEK DR. PLEASANT HILL, IOWA 50327	"	250.00	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 4170	ALLEN E. PUHREN 1203 E. CHERRY ST. RED OAK, IA. 51566	"	100.00	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 5935	A. JAMES TINKER (JEAN) 2304 HILL CREST DR. SE CEDAR RAPIDS, IA 52403	"	100.00	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 1303	DAVID RUTER 513 S. LINCOLN KNOXVILLE, IOWA 50138	"	100.00	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 1194	GEORGE D. NEAL (RUTH) 2181 HICKORY AVE GUTHRIE CENTER IA. 50115	"	100.00	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 9427	STEVE OR BRENDA MARTENS 602 PARK VIEW DR. DENISON, IOWA 51442	"	100.00	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 6457	FRAN OR MARY TRAMP 27219 LINDEN AVE BIENCOE IOWA 51523	"	100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 6,250	
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

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

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

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

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
✓ 10/23/03	ID# CK# 4526	David or Phyllis Holcomb 717 FOREST DR. COUNCIL BLUFFS, IOWA 51503	NONE	\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 1311	Thomas G. Smith P.O. BOX 92 Audubon, Iowa 50025	"	75 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 9269	TRNEY D WARNER (Rick) 3401 VALLEYVIEW DR. W. DES MOINES, IA. 50265	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 4245	CLARENCE C. HOFFMANN (Lynn) P.O. BOX 83 CHARTER OAK, IOWA 51439	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 7871	Rolland or Beth Roberts 1274 Toledo Ave. Dunlap, Iowa 51529	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 1418	DONNA Barry (Lynn) 2154 REDWOOD AVE WOODHINE IOWA 51579	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 5394	ROBERT or KATHLEEN Richard 1314 3rd ST. NE. INDEPENDENCE, IA. 50644	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 3398	MARIE E. KNEDLER (Mike) 158 NORWOOD DR. COUNCIL BLUFFS, IOWA 51503	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 6589	DENNY DRAKE 9004 N.W. 121ST. GRIMES, IOWA 50111	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 6685	GARY S. KAHN (JANE) 1104 S. 5TH AVE W. NEWTON, IOWA 50208	"	50 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 575 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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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)

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
✓ 10/23/03	ID# CK# 8684	GAIL J. MEYER 100 E. Grand DES MOINES, IA 50309	NONE	\$ 50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 0893	CAROL L. ALLEN or JOHN W. 1722 18th AVE WEST SPENCER, IA 51301	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 2435	TODD C or KELLIE LINDEN 606 VAN HORNE CIR GRINNELL, IA 50112	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 8010	ARTHUR J. or MARY JANE SPIES 8113 N.W. PLEASANT ST. ANKENY IOWA 50021	"	50 ⁰⁰	<input checked="" type="checkbox"/>
✓ 10/23/03	ID# CK# 3841	VERN or NANCY FOUTCH 211 FISCHER DR. WOODBINE, IOWA 51579	"	25 ⁰⁰	<input checked="" type="checkbox"/>
✓ 11/4/03	ID# 6291 CK# 2253	IHA PAC 100 E GRAND SUITE 100 DES MOINES, IOWA	"	100 ⁰⁰	<input checked="" type="checkbox"/>
✓ 11/4/03	ID# CK# 821	ERIC L AND MARY T LOTHE 2319 N. 6th Ave E NEWTON IOWA 50208	"	100 ⁰⁰	<input checked="" type="checkbox"/>
✓ 11/4/03	ID# CK# 4236	DAVID H. AND NANCY VELLINGA 13011 WOODLANDS PKWY, CLIVE, IA.	"	100 ⁰⁰	<input checked="" type="checkbox"/>
• 11-17-03	ID# CK# 4376	SHANNON M. ANDERSON 3310 TOUZALIN AVE LINCOLN, NE. 68507	"	50 ⁰⁰	<input checked="" type="checkbox"/>
• 11-17-03	ID# CK# 1802	DONNA M. KATEN - BAHENSKY 1201 Wild Prairie Dr. Iowa City, Iowa 52246	"	100 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 675⁰⁰

TOTAL (if last page of this schedule) \$

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For Instructions, See Back of Form

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

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

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

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
11-5-03	ID# 1512 6146 CK# 1512	HOME BUILDERS of Iowa PAC Highland Bldg. 4201 WESTOWN Parkway Wino	NONE	\$ 200. ⁰⁰	<input checked="" type="checkbox"/>
11-7-03	ID# CK# 5422	JOED + JANE LeValley 3216 UTE AVE WAUKEE, IOWA 50263	NONE	50. ⁰⁰	<input checked="" type="checkbox"/>
11-7-03	ID# CK# 5751	SUSAN L. HUNSAKER 1040 PRAIRIE VIEW DR. WEST DES MOINES IA, 50266	NONE	100. ⁰⁰	<input checked="" type="checkbox"/>
12-16-03	ID# 6067 CK# 3038	IOWA HEALTH CARE ASSOC. WEST DES MOINES, IOWA	NONE	150. ⁰⁰	<input checked="" type="checkbox"/>
12-17-03	ID# 8242 CK# 10701	GIAXO Smith Kline 5567 BRISTOL LANE MINNETONKA, MINNESOTA 55343	NONE	200. ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
Feb 4, 2003	ID# CK#	Iowa Customized Newspaper Ad Agency - OVERPAYMENT / Refund	NONE	200. ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 900.⁰⁰

TOTAL (if last page of this schedule)

\$ 8400.⁰⁰

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

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

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
1-26-03	ID# CK# 1037	Cellular Verizon Wireless	CELL PHONE January Bill	\$ 39.23
2-06-03	ID# CK# 1038	U.S. Post Office Capital	100 - STAMPS	37.00
2-16-03	ID# CK# 1039	Ida County Courier	Ida Co. Newspaper Subscription	15.00
2-24-03	ID# CK# 1040	VERIZON WIRELESS	CELL PHONE Feb. Bill	39.23
4-11-03	ID# CK# 1041	VERIZON WIRELESS	CELL PHONE March Bill	39.23
4-29-03	ID# CK# 1042	VERIZON WIRELESS	CELL PHONE April Bill NEW PHONE	45.23 39.23
6/6/03	ID# CK# 1043	VERIZON WIRELESS	CELL PHONE REPLACEMENT PLUS MAY & JUNE Bill	151.21
6/18/03	ID# CK# 1044	Signs by Tom Overman 7409 Dodge ST. Omaha, NE 68114	Magnatic Auto Signs "SEYMOUR FOR SENATE"	96.30
SUB-TOTAL				\$ 456.43
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

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

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
July 7, 03	ID# CK# 1045	VERIZON WIRELESS	CELL PHONE monthly statement	\$ 39.29
7/17/03	ID# CK# 1046	JIM SEYMOUR 901 WHITE ST. WOODBINE, IA 51579	Mileage Expense County Fair - Supplies Parade Candy -	\$ 236.00
7/30/03	ID# CK# 1047	VERIZON WIRELESS	CELL PHONE 7-06-03 STATEMENT	44.33
8/22/03	ID# CK# 1048	VERIZON WIRELESS	CELL PHONE 8-6-03 STATEMENT	53.06
9/08/03	ID# CK# 1049	CHRISTIAN COALITION of Iowa P.O. Box 65066 WEST DES MOINES	ANNUAL DINNER IN DES MOINES	\$ 100.00
9/08/03	ID# CK# 1050	VOSS STUDIO, INC 13435 320th St. AUSTINVILLE, IA 50608	PICTURES	58.30
9/19/03	ID# CK# 1051	VERIZON WIRELESS	CELL PHONE	40.58
10/1/03	ID# CK# 1052	DENISON Bulletin BULLETIN DENISON, Iowa	DENISON Newspaper 1 yr. Subscription	52.00
SUB-TOTAL				\$ 623.56
TOTAL (if last page of this schedule)				\$

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

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

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

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

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/23/03	ID# CK# 1053	NOTABLES Church Woodbine, Iowa	FUNDRAISER ENTERTAINMENT	\$ 100. ⁰⁰
10/24/03	ID# CK# 1054	CROOK'S CAFE DENISON, Iowa	FUNDRAISER SEYMOUR for SENATE REFRESHMENTS and Room Rent	100. ⁰⁰
10/27/03	ID# CK# 1055	Verizon Wireless	CELL PHONE MONTHLY STATEMENT	39.29
11/5/03	ID# CK# 1056	US Post office Woodbine, Iowa	100 STAMPS	37. ⁰⁰
12/2/03	ID# CK# 1057	Verizon Wireless	CELL PHONE MONTHLY STATEMENT	39.29
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ **315.58**
 TOTAL (if last page of this schedule) \$ **1,395.57**

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Reset Form

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/31/03	(IHA) Iowa Hosp. Assoc. 100 E. GRAND STE 100 DES MOINES, IOWA 50309	NONE	134.31 postage Copying fees	\$ ^{134.31} \$ 15.50	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>

SUB-TOTAL \$ **149.81**
 TOTAL (if last page of this schedule) \$ **149.81**

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