

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

CITIZENS FOR PHILLIPS

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

CANDIDATE COMMITTEES ONLY:

Candidate Name DAVID J. PHILLIPS Political Party DEM
Office Sought House Representative District (if Senate or House) 99

Phc RPA
SIGNATURE OF TREASURER (or person filing this report)

712-228-6836
TELEPHONE

5-17-04
DATE SIGNED

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1593</u>	
Logged In <u>SW</u>	
Scanned	
Computer	
Audited	

fax

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

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

CHECK IF AMENDMENT TO REPORT DATED _____

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

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>7633⁰⁰</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>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>7633⁰⁰</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>416¹²</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>7216.88</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>316.42</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

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

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

CITIZENS FOR PHILLIPS

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

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(8), 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
4-2-04	ID# CK# 1240	MICHAEL MARVIN 2520 SHARON OMAHA, NE 68112		\$ 25 ⁰⁰	<input type="checkbox"/>
4-3-04	ID# CK# 2532	LINDA NELSON 231 MIDLAND DR COUNCIL BLUFFS IA 51503		500 ⁰⁰	<input type="checkbox"/>
4-3-04	ID# CK# 8282	SUSAN SLAUSEN 123 EMERSON ST COUNCIL BLUFFS IA 51503		50 ⁰⁰	<input type="checkbox"/>
4-19-04	ID# CK# 1122	JAMES THORN 210 FRANCIS BLVD. COUNCIL BLUFFS IA 51503		100 ⁰⁰	<input type="checkbox"/>
6-7-04	ID# 8137 CK# 1294	IRONWORKERS LOCAL 21 14515 INDIAN RD OMAHA, NE 68144		500 ⁰⁰	<input type="checkbox"/>
6-16-04	ID# CK# 1186	KATE GRONSTAL 220 BENNETT AVE CO. BLUFFS, IA 51503		40 ⁰⁰	<input checked="" type="checkbox"/>
6-16-04	ID# CK# 1073	KYLE PEARSON 8425 PRATT ST OMAHA, NE 68134		20 ⁰⁰	<input checked="" type="checkbox"/>
6-16-04	ID# CK# 7511	BETHA WILCOX 403 GLEN AVE COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input checked="" type="checkbox"/>
6-16-04	ID# CK# 2846	DON STOPAK 138 LOCUST LODGE COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input checked="" type="checkbox"/>
6-16-04	ID# CK# 5181	OVERTON LAW OFFICE 500 WILLOW AVE SUITE 404 COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1335	
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)

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

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

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
06-16-04	ID# CK# 1083	ALAN WEBMAN		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 1502	POTAWATOMIE COUNTY DEMS CENTRAL COMMITTEE P.O. BOX 233 COUNCIL BLUFFS, IA 51503		2000 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 6311	ROBERT MITCHELL 1106 N. LOCUST ST. GLENWOOD, IA 51534		25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 2614	BERNARD SWANBER KAREN SWANBER 54 HORIZON DR COUNCIL BLUFFS, IA 51503		10 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 3017	JANIEL SWANEY 807 S. 31 COUNCIL BLUFFS, IA 51503		20 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 1479	LOBI WINGSDY 2002 ARDUS ST. GLENWOOD, IA 51534		25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 2714	JEFFREY SMITH 522 RIDGE ROAD NORTH COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 1148	ARON ARZEWAL 105 N. 31ST AVE SUITE 101 OMAHA, NE 68131		200 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 4879	JEAN MARIE ARZEWAL 19806 290 ST. McCLINTON, Iowa 51548		50 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 5528	EDWARD BREMER 1232 FAIRMONT AVE COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$2405	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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/YY)	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
06-16-04	ID# CK# 5215	KATHERINE CUTLER 17655 PAGE LANE HONEY CREEK, IA 51542		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 2436	BOYD CUTLER 17655 PAGE LANE HONEY CREEK, IA 51542		25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 6163	ROBERT DODDER 216 CLOUDDALE AVE COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 2089	LEOTA McMANUS 222 WENDOVER COUNCIL BLUFFS, IA 51503		20 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 15159	JEANE DODDER 216 CLOUDDALE AVE COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input checked="" type="checkbox"/>
06-14-04	ID# CK# 3398	BRIAN GOLDSMITH 23939 MC PHERSON AVE COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 2776	CAROL MATTOX 225 HUNTINGTON COUNCIL BLUFFS, IA 51503		20 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 18023	DEAN JENNINGS 17 ABERDON DRIVE COUNCIL BLUFFS, IA 51503		100 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 3179	MICHAEL MATTOX 225 HUNTINGTON COUNCIL BLUFFS, IA 51503		50 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 8056	JOAN MINIKUS 206 TURLEY COUNCIL BLUFFS, IA 51503		10 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 350	
TOTAL (if last page of this schedule)				\$	

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

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

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

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/YYR)	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
06-16-04	ID# CK# 1767	MARVIN AND PRILETER 11 S 1ST STREET COUNCIL BLUFFS, IA 51503		\$ 20 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 2474	PAUL STORM SHOR JR. 3018 AVE M COUNCIL BLUFFS, IA 51501		100 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 10330	LORI STORAK 377 ELWOOD DR COUNCIL BLUFFS, IA 51503	SISTER	100 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 2085	PAUL STORM SHOR SR 15847 BORDEN RD. CRESCENT, IA 51526		25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 2054	JULIE NEWBY 15849 BORDEN ROAD CRESCENT, IA 51526		25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 3427	EMIL PAVICH 1706 15TH AVENUE COUNCIL BLUFFS, IA 51501		100 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 11193	ROOPLY CAMERON 3 SUMMIT CIR COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input checked="" type="checkbox"/>
06-16-04	ID# CK# 3743	GREG + LINDA STEWART 19351 MONUMENT ROAD COUNCIL BLUFFS, IA 51503		25 ⁰⁰	<input checked="" type="checkbox"/>
6-16-04	ID# CK#	CASH DONATIONS RECEIVED AT FUNDRAISER ON 6-16-04		145 ⁰⁰	<input checked="" type="checkbox"/>
7-4-04	ID# CK# 5080	TAMMY PAVICH 391 ELWOOD DR. COUNCIL BLUFFS, IA 51503	SISTER	100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 665	
TOTAL (if last page of this schedule)				\$	

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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)
CITIZENS FOR PHILLIPS

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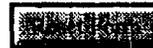
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DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
06/13/04	ID# CK# 2088	PORE DELLY VENTURES LLC 817 IRONWOOD CT COUNCIL BLUFFS, IA 51503	BROTHER + SISTER	\$ 400 ⁰⁰	<input type="checkbox"/>
07/13/04	ID# CK# 5269	PEZZ PHILLIPS 817 IRONWOOD CT COUNCIL BLUFFS, IA 51503	BROTHER	500	<input type="checkbox"/>
07/13/04	ID# CK# 5081	TAMMY PHILLIPS 391 ELWOOD DR COUNCIL BLUFFS, IA 51503	SISTER	150 ⁰⁰	<input type="checkbox"/>
07/13/04	ID# CK# 7810	JAMES R. PHILLIPS 391 ELWOOD DR COUNCIL BLUFFS, IA 51503	FATHER	250 ⁰⁰	<input type="checkbox"/>
07/12/04	ID# CK# 2294	IOWA COMMUNITY WORKERS UNION 2000 WALKER SUITE A DES MOINES, IA 50317		200 ⁰⁰	<input type="checkbox"/>
07/11/04	ID# CK# 4220	DAN LOVE 815 EAST HAZEN MISSOURI VALLEY, IA 51595	-	30 ⁰⁰	<input type="checkbox"/>
07/18/04	ID# CK# 8794	BRIAN HUNTER 452 WILMERS AVE DES MOINES, IA 50315		50 ⁰⁰	<input type="checkbox"/>
07/11/04	ID# CK# 5633	EMILY LEIT 1020 N. 26 ST COUNCIL BLUFFS IA 51501		100 ⁰⁰	<input type="checkbox"/>
07/09/04	ID# CK# 2004	CWA - STATE OF IOWA COLE FUND 369 CALIFORNIA ST WATERLOO, IA 50703		1,000 ⁰⁰	<input type="checkbox"/>
07/14/04	ID# CK# 6802	JOHN FILBERT 21290 CEDAR LAKE COUNCIL BLUFFS, IA 51503		99 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 2779	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
07/11/04	ID# CK# 11849	STEVE LEWIS 17734 Honey Suckle RD COUNCIL BLUFFS, IA 51503		\$ 99.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 99.00	
TOTAL (if last page of this schedule)				\$ 7633	

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FOR INSTRUCTIONS, SEE BACK OF FORM



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

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

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
6-24-04	ID# CK# 101	UNIONBKT PRINTING 1309 NW RADIAL OMAHA, NE 68132-1759	PRINTING FOR MAKING FOR FUNDRAISER ON 6-16-04	\$ 290 ⁰⁰
	ID# CK# 102	UNITED RENT-ALL 811 S. 48 ST OMAHA, NE 68106	SHADE CANDY RENTAL FOR FUNDRAISER ON 6-16-04	125 ⁹⁴
6-24-04	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 416.12
TOTAL (if last page of this schedule) \$ 416.12

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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

CITIZENS FOR PHILIP

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
06-16-04	LINDA STEENSLAND 19351 MONUMENT RD COUNCIL BLUFFS, IA 51503		MISC. FOOD ITEMS FOR FUND RAISER on 6-16-04	\$ 42 ⁰³	<input checked="" type="checkbox"/>
06-16-04	JAMES R. PHILLIPS 391 ELMWOOD DR. COUNCIL BLUFFS, IA 51503	FATHER	MISC. FOOD + DRINK, ITEMS AND SUGAR REQUIRED FOR FUND RAISER 6-16	144 ⁸⁹	<input checked="" type="checkbox"/>
6-9-04	GERI PHILLIPS 391 ELMWOOD DR. COUNCIL BLUFFS, IA 51503	MOTHER	STAMPS FOR MAILING	129 ⁵⁰	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 316⁴²

TOTAL (if last page of this schedule) \$ 316⁴²

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