FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003) DISCLOSURE REPORT

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

Sande for House of Representatives

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

For Office Use Only
Comm. # 1561
Logged in SW tr
Scanned
Computer
Audited

CANDIDATE COMMITTEES ONLY

Candidate Name	Political Party
David E. Sande	D
Office Sought	**District (if Senate or House)**
House of Representatives	47

Received
JUL 19 2004
fax

Bonita Bauckman — 515-993-3798 — 07-16-

SIGNATURE OF TREASURER (Person filing this report) — **TELEPHONE** — **DATE SIGNED**

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 6-1-04 - 7-15-04 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 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.) ..... $ 881.66

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1,895.0

Schedule F: Loans Received total (Attach Schedule F) ..... –

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... –

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 2,776.66

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 2,146.9

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) ..... $ 629.7

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ 141.84

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 422.92

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ –

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ☐ YES ☐ NO

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

AMENDING FORM

[illegible]ande for House of R[illegible]sentatives

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. [illegible] NUMBERS IS AVAILABLE [illegible] 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 for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MO/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
6-[illegible]-04	ID# CK#	Verna Dixon 15 Timber Pr Adel, Iowa 50003	Friend	$ 100.00
6-[illegible]-04	ID# 1561 CK# 2282	Mark L. Smith - AFL-CIO 2000 Walker, Suite A Des Moines, IA 50317	Friend	200.00
6-10-04	ID# CK#	Jim Lansing 112 SW 51st St Des Moines, IA 50312	Friend	20.00
6-8-04	ID# CK#	Vivian Nore 427 N. 11th Pl Adel, Iowa 50003	Friend	15.00
6-4-04	ID# CK#	Stephen H. McCalley 739 South 14th St. Adel, IA	Friend	50.00
6-28-04	ID# CK#	Frank C. Hayes III 2576 Raccoon RDG Adel, IA	Friend	30.00
6-28-04	ID# CK#	Martha Cline - Dallas Co. Dem. Adel, IA 50003	Friend	500.00
6-28-04	ID# CK#	Patricia Lind 1607 Cherry St #174 Dallas Center, IA 50063	Friend	20.00
6-28-04	ID# CK#	Janelle O'Neal 2835 M DR Adel IA 50003	Friend	35.00
6-28-04	ID# CK#	Cynthia Robertson 1419 Court St Adel, IA 50003	Friend	25.60
			TOTAL	$ 995.60

TOTAL *(if last page of this schedule)* $

* Disclosure law requires candidate committees to disclose the relationship of the 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 relationship, enter "not applicable" in the relationship column.

Page 1 of 3 (for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS

☐ 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*)
Sande for House OF Representatives

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 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 CANDIDATE* (if applicable)	AMOUNT RECEIVED
6-[illegible]-04	ID# CK#	Diane Leonard 2190 290th St. Adel, IA 50003	Friend	$ 25.00
7-5-04	ID# CK#	ANN Welch 3428 Noble Ct Adel, IA 50003	Friend	100.00
7-5-04	ID# CK#	Kim Countryman 120 NE Dartmoor DR P.O. Box 968 Waukee, IA 50263	Friend	250.00
7-5-04	ID# CK#	Thomas J. Hagen 207 N 15th Adel IA 50003	Friend	50.00
7-5-04	ID# CK#	Terry J. Meyer P.O. Box 456 Waukee, IA 50263	Friend	25.00
7-5-04	ID# CK#	Catherine Fromm [illegible]31 G.W. Carver Ave Ames, IA [illegible]10	Friend	100.00
7-5-04	ID# CK#	Michael H. Harkin [illegible]23 - 145th LN Woodward, IA	Friend	50.00
7-14-04	ID# CK#	David L. Palmer 213 SW Flynn DR. Ankeny, IA 50021	Friend	50.00
7-14-04	ID# CK#	Dale Creech 1004 Laurel Dallas Center, IA 50063	Friend ~~50063~~	50.00
7-14-04	ID# CK#	NATALIE Jean F. Ahrens 204 ANTIOCH Drive Council Bluffs, IA 51503	Friend	100.00
			SUB-TOTAL	$ 800.00
			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 family relationship, enter "not applicable" in the relationship column.

Page 2 of [illegible]
(for Schedule A)

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

Friends for House of Representatives

☐ CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A 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 for a commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MO/DAY/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
7-[illegible]-04	ID# CK#	J. Wills P.O. Box 266 Jefferson, IA 51503	Friend	$ 50.00
6-28-04	ID# CK#		Friend	50.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUBTOTAL $ 100.00

TOTAL *(if last page of this schedule)* $ 1595.00

*Disclosure law requires candidate committees to disclose the relationship of a contributor 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 family relationship, enter "not applicable" in the relationship column.

Page 3 of ___ (for Schedule A)

EXPENDITURES -- M[illegible]PENT FROM [illegible]TTEE ACCOUNT

B (Rev. 07/03) | MONETA[illegible] EXPENDIT[illegible]

[illegible] PAC COMMITTEES: NOTE: [illegible]TRIBUTIONS MADE T[illegible]DE OR LEGISLATIVE [illegible]ATES, LIST THE CANDIDATE [illegible]ATION NUMBER IN T[illegible]ATED COLUMN AND TH[illegible] [illegible]CK NUMBER FOR EACH EX[illegible]. A LIST OF ID NU[illegible]ILABLE FROM THE IO[illegible] [illegible] CAMPAIGN DISCLOSURE [illegible]

☐ CHECK THIS BO[illegible] AME[illegible]NG FOR[illegible]

[illegible]TTEE NAME (Must be s[illegible] Statement of Org[illegible])

[illegible]nde for Hou[illegible] of Repr[illegible]tatives

[illegible]E [illegible]DED [illegible]YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	[illegible] AND ADDRESS TO[illegible] EXPENDITURE ([illegible]bursement) WAS M[illegible]	PU[illegible] (DESCRIBE [illegible]TION)	AMOU[illegible] EXPEND[illegible]
[illegible]-04	ID# CK# 1017	[illegible] Sande [illegible] Greene [illegible] [illegible], Iowa 5[illegible]	T-Shirt [illegible]e Cancelled [illegible] 16 error mad[illegible] Broken Arr[illegible] '118.15	Last
	ID# CK#		Should hav[illegible]n to Dave San[illegible]	
[illegible]-04	ID# CK# 1018	[illegible]id Sande [illegible] Greene [illegible] [illegible], Iowa [illegible]	Shirt do[illegible]ayment previously [illegible]	175.[illegible]
6[illegible]9-04	ID# CK# 1019	[illegible] Nore [illegible] N 11 PL [illegible], IA 5[illegible]	Candy fo[illegible]rades	39.[illegible]
7[illegible]-04	ID# CK# 1020	[illegible]id Sande [illegible] Greene St [illegible], Iowa	Signs [illegible]ards	1,757.[illegible]
7[illegible]-04	ID# CK# 1021	[illegible]L Partner[illegible] [illegible], Iowa	Booth f[illegible]deL Corn Days	50.0[illegible]
[illegible]-04	ID# CK# 1022	[illegible]s Co. Ne[illegible] [illegible] main [illegible], IA 5[illegible]	Ad in R[illegible]up Thank You.	94.8[illegible]
[illegible]-04	ID# CK# 1023	[illegible]ice Depot [illegible] 22nd St W. Des Moines, [illegible]	paper and [illegible]elopes for fundra[illegible]	19.7[illegible]
			SUB-TOTAL	$2,13[illegible]
			TOTAL (If last pa[illegible] this schedule)	$

[illegible]OX APPLIES TO CANDIDA[illegible]MMITTEES ONLY:

P[illegible]s of certain campaign property [illegible] $500 or more must [illegible]ntoried on Schedule H. ([illegible] Schedule H instructions.)

[illegible]ures to persons/entities provid[illegible]ting, advertising, fun[illegible] polling, managing, organ[illegible]ices must also be detail itemiz[illegible] [illegible] G by the amount, purpose, [illegible] each type of expen[illegible] by the person/entity on [illegible] the candidate's committee. (R[illegible] [illegible] G instructions and Iowa Cod[illegible](3)(i).)

Page 1 of [illegible]

(for Schedule [illegible]

CHECK THIS BOX

CONTINUE FROM PREVIOUS PAGE 001

[illegible]ES, LIST THE CANDIDATE I[illegible]ION NUMBER IN TH[illegible]ED COLUMN AND THE [illegible]K NUMBER FOR EACH EXPE[illegible]. A LIST OF ID NUMB[illegible]LABLE FROM THE IOWA [illegible] CAMPAIGN DISCLOSURE BO[illegible]

☐ CHECK THIS BOX [illegible] AMENDING FORM

[illegible]TTEE NAME (*Must be sam[illegible] Statement of Orga[illegible]*)

[illegible]nde for [illegible] OF R[illegible]entatives

[illegible] EXPENDED ([illegible]YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	[illegible]ND ADDRESS TO [illegible] EXPENDITURE ([illegible]bursement) WAS MADE	PUR[illegible] (DESCRIBE T[illegible]CTION)	AMOUNT EXPENDED
[illegible]-04	ID# CK# 1024	[illegible]os [illegible] university [illegible] Cl[illegible], IA 5032[illegible]	Printing [illegible] invitatio[illegible] for fund ra[illegible]	$ 9.85
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 9.85

TOTAL (*if last pa[illegible] this schedule*) $ 2,146

[illegible] APPLIES TO CANDIDAT[illegible]MITTEES ONLY:

[illegible] of certain campaign property costing $500 or more must also be [illegible]toried on Schedule H. (R[illegible] Schedule H instructions.)

[illegible]es to persons/entities providing consulting, advertising, fund-[illegible] polling, managing, organiz[illegible]ces must also be detail itemized [illegible] by the amount, purpose, an[illegible] each type of expendit[illegible] by the person/entity on b[illegible] candidate's committee. (Ref[illegible] instructions and Iowa Code [illegible](3)(i).)

Page 2 of 2

(for Schedule [illegible]

[illegible] INSTRUCTIONS, SEE BA[illegible] FORM

SCHEDULE B (Rev. 07/03)

MONETA[illegible] EXPENDIT[illegible]

EXPENDITURES – M[illegible]PENT FROM [illegible]TEE ACCOUNT

CONTINUE FROM PREVIOUS PAGE 002

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE
B
(Rev. 07/03)

MONETARY
EXPENDITU

EXPENDITURES -- MO[illegible] SPENT FROM C[illegible]EE ACCOUNT

[illegible]AC COMMITTEES: NOTE: F[illegible]RIBUTIONS MADE TO [illegible]E OR LEGISLATIVE [illegible]ES, LIST THE CANDIDATE I[illegible]ION NUMBER IN TH[illegible]TED COLUMN AND THE [illegible]K NUMBER FOR EACH EXPE[illegible]. A LIST OF ID NUMB[illegible]LABLE FROM THE IOWA [illegible] CAMPAIGN DISCLOSURE BO[illegible]

☐ CHECK THIS BOX [illegible] AMENDING FORM

CONTINUE FROM PREVIOUS PAGE 003

Debts previously reported th[illegible] unpaid must be inclu[illegible] Schedule, as well as any ne[illegible]ns incurred in this pe[illegible]

IF AMENDING FORM

[illegible]S/OBLIGATIONS RE[illegible] THIS REPORT[illegible]OD [illegible]OT INCLUDE LOANS[illegible] LOANS ON SC[illegible] F)

An "incurred [illegible]" is a deb[illegible] goods or [illegible] ordered [illegible] received, but [illegible] paid for [illegible] end of the [illegible] period [illegible] regardless [illegible] an i[illegible] has been [illegible]

[illegible]E [illegible]RED ([illegible]/YR)	NAM[illegible]ESS OF PERSON TO WHO[illegible] OBLIGATION IS O[illegible]	DESCRIPTION [illegible] OR SERVICES [illegible] OR PURC[illegible]	BAL[illegible]CE OWE[illegible] CLOSE OF REPORTIN[illegible] PERIOD*
[illegible]-04	Dave S[illegible] 2905 Gr[illegible] St. Adel, I[illegible] 5000[illegible]	Press C[illegible]n thank you	$ 141.8[illegible]

[illegible]UB-TOTAL $ 141.8[illegible]

TO[illegible]TS OWED BY CO[illegible] AT THE END OF THIS R[illegible]G PERIOD $ 141.8[illegible]

[illegible] figure is unknown, show "est[illegible] beside the figure.

Page 1 of [illegible] (for Schedule [illegible]

[illegible]TE COMMITTEES NOTE:
[illegible]ndebtedness also includes each [illegible]ntity with whom the ca[illegible]mmittee has entered into [illegible] during the reporting period for [illegible]ng performance. Enter the nam[illegible]nsultant who provide[illegible] services for items such [illegible]ng, fund-raising, [illegible], mans[illegible] services. Report on Schedule [illegible]e of performance a[illegible]d performance reason[illegible] of the con[illegible]

INSTRUCTIONS, SEE BA[illegible]ORM

SCHEDULE B (Rev. 07/[illegible])

MONETA[illegible] EXPENDI[illegible]

EXPENDITURES – M[illegible]PENT FROM [illegible]TEE ACCOUNT

[illegible]AC COMMITTEES: NOTE: [illegible]TRIBUTIONS MADE T[illegible]DE OR LEGISLATIVE [illegible]TES, LIST THE CANDIDATE [illegible]TION NUMBER IN T[illegible]TED COLUMN AND TH[illegible] [illegible]CK NUMBER FOR EACH EX[illegible]. A LIST OF ID NU[illegible]ILABLE FROM THE IO[illegible] [illegible] CAMPAIGN DISCLOSURE [illegible]

☐ CHE[illegible] THIS BO[illegible] AME[illegible]NG FOR[illegible]

[illegible]TTEE NAME (Must be s[illegible] Statement of Org[illegible]

[illegible]nde for Hou[illegible] OF Rep[illegible]tatives

[illegible]E [illegible]DED [illegible]YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	[illegible]AND ADDRESS TO [illegible] EXPENDITURE [illegible]bursement) WAS M[illegible]	PU[illegible] (DESCRIBE[illegible]ION)	AMOU[illegible] EXPEND[illegible]
[illegible]-04	ID# CK# 1017	[illegible] Sande [illegible] Greene [illegible], Iowa [illegible]	T-Shirt [illegible] Cancelled [illegible] 16 error mad[illegible] Broken Arr[illegible] 118.15 [illegible]	Last
	ID# CK#		Should hav[illegible] to Dave San[illegible]	
[illegible]-04	ID# CK# 1018	[illegible]d Sande [illegible] Greene [illegible], Iowa [illegible]	Shirt do[illegible]yment previously	175.[illegible]
[illegible]9-04	ID# CK# 1019	[illegible] Nore [illegible] N 11 PL [illegible], IA 5[illegible]	Candy fo[illegible]ades	39.[illegible]
[illegible]-04	ID# CK# 1020	[illegible]d Sande [illegible] Greene St [illegible], Iowa	Signs [illegible]ards	757.[illegible]
[illegible]-04	ID# CK# 1021	[illegible]L Partner[illegible] [illegible], Iowa	Booth f[illegible]deL Corn Days	50.0[illegible]
[illegible]-04	ID# CK# 1022	[illegible]s Co. Ne[illegible] [illegible] main [illegible], IA 5[illegible]	Ad in R[illegible]ap Thank You.	94.8[illegible]
[illegible]-04	ID# CK# 1023	[illegible]ice Depot [illegible] 22nd St [illegible]s Moines, [illegible]	paper and [illegible]lopes for fundra[illegible]	19.7[illegible]
			SUB-TOTAL	[illegible]2,13[illegible]
			TOTAL (If last p[illegible]is schedule)	

[illegible]X APPLIES TO CANDIDA[illegible]MITTEES ONLY:

[illegible]s of certain campaign property [illegible] $500 or more must [illegible]toried on Schedule H. ([illegible] Schedule H instructions.)

[illegible]ures to persons/entities provi[illegible]ing, advertising, fu[illegible]lling, managing, organ[illegible]es must also be [illegible] itemiz[illegible] [illegible] G by the amount, purpose, [illegible] each type of expen[illegible] by the person/entity on [illegible] candidate's committee. (R[illegible] [illegible] G instructions and Iowa Co[illegible]3)(l).)

Page 1 of [illegible]

[illegible] Schedule [illegible]

CONTINUE FROM PREVIOUS PAGE 001

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. [illegible]) IN [illegible] CONTRI[illegible]

COMMITTEE NAME (Must be same as Statement of Organization)

Code for House OF Representatives

☐ CHECK THIS B[illegible] AMENDING FO[illegible]

[illegible]ED [illegible]R)	NAME AND ADDRESS OF CONTRIBUTOR	[illegible]ONSHIP [illegible]DIDATE [illegible]licable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ FUND CONT[illegible]
[illegible]04	Earl And [illegible] Sande 515 N. 13th St Adel, Iowa 50003	[illegible]nts	Pai[illegible] for S[illegible]	$ 42.[illegible]	
[illegible]04	Dave Sande 2905 Greene St. Adel, Iowa 50003	[illegible]date	Envel[illegible] Labe[illegible]	$ 62.90	
[illegible]04	Dave Sande 2905 Greene St. Adel, Iowa 50003	[illegible]idate	ESB+[illegible] white phot[illegible]	$ 40.00	
[illegible]04	Dave Sande 2905 Greene St. Adel, Iowa 50003	[illegible]date	Print[illegible] pap[illegible]	$ 86.26	
[illegible]	Earl and Ru[illegible] Sande 515 N. 13th St. Adel, Iowa 50003	[illegible]nts	Paint [illegible] Signs	$ 5.00	
[illegible]	Earl and Ru[illegible] Sande 515 N. 13th St. Adel, Iowa [illegible]03	[illegible]nts	Candy [illegible] parades	$ 51.52	
[illegible]04	Earl and Ru[illegible] Sande 515 N. 13th St. Adel, Iowa [illegible]03	[illegible]ts	Paper, [illegible] Stamps [illegible] fundrais[illegible]	$ 15.00	✓
[illegible]	Dave Sande 2905 Greene St Adel, Iowa	[illegible]idate	Printer [illegible] Labels Paper	$ 120.00	

SUB[illegible] $ 422.92

TOTAL [illegible] page [illegible] schedule) $ 422.92

[illegible] law requires candidates to disclose the relationship of any [illegible] making an in kind contribution to the [illegible]. Relationship must be shown [illegible] third degree of consan[illegible] relatives) and affinity [illegible] [illegible]). (See Page 2 of forms pa[illegible]) If surname of contributor [illegible] as candidate, but there is no [illegible]onship, enter "not applicable" [illegible] relationship column.

Page 1 of [illegible] (for Schedu[illegible])

FOR INSTRUCTIONS, SEE BA[illegible] FORM

SCHEDULE B

EXPENDITURES – M[illegible]PENT FROM [illegible]TEE ACCOUNT

MONETA[illegible]

CONTINUE FROM PREVIOUS PAGE 002

SCHEDULE E

IN

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as Statement of Organization)