

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>6052</u>
Logged In	<u>WJS</u>
Scanned	
Computer	<u>WJS</u>
Audited	<u>WJS</u>

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

Independent Insurance Agents of Iowa PAC

IMPORTANT: Indicate by # type of committee you are reporting for: 1 2 3 4 5 6 7 8 9 10 11

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
 (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other
 Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Bob Skow 515-223-6060 6-16-05
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by #

- CHECK IF AMENDMENT TO REPORT DATED 7/19/2004
- Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 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. (Total of all funds 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>23,932.21</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>4,825.00</u>
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	\$ _____
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....		<u>10,100.00</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>18,657.21</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	_____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	_____
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	_____
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Independent Insurance Agents of Iowa PAC

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
7/12/2004	ID#1387 CK#2768	Steve Olson for State Representative 2176 210th Street Grand Mound, IA 52751	contribution	\$ 200.00
	ID# CK#			
SUB-TOTAL				\$ 200.00
TOTAL (if last page of this schedule)				\$ 10,100.00

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

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
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Comm. #	6052
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COMMITTEE NAME (Must be same as on Statement of Organization)

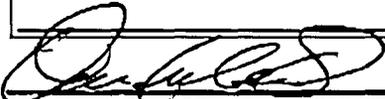
Independent Insurance Agents of Iowa
Political Action Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 2
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party (if applicable)
Office Sought	District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.


SIGNATURE OF PERSON FILING REPORT

55-223-0000
TELEPHONE

7-19-04
DATE SIGNED

I AM FILING A July 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED JUL 13 2004

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 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. (Total of all funds 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.)\$ 23,333.71

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 4,825.00

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\$ 28,158.71

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 9,900.00

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)\$ 18,258.71

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ -

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

**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) \$ -

For Instructions, See Back of Form

Receipt 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)
 Independent Insurance Agents of Iowa
 Political Action 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
5-20-04	ID# CK#	Howard Omdahl P.O. Box 555 Algona, IA 50511		\$ 100	<input type="checkbox"/>
5-20-04	ID# CK#	Lynn Mills P.O. Box 567 Sioux City, IA 51102		100	<input type="checkbox"/>
5-20-04	ID# CK#	Fred Dolezal Box 217 Carroll, IA 51401		100	<input type="checkbox"/>
5-20-04	ID# CK#	John Walsh P.O. Box 97 Westside, IA 51467		50	<input type="checkbox"/>
5-20-04	ID# CK#	Todd Stadlander 302 Main Street Manning, IA 51455		100	<input type="checkbox"/>
5-20-04	ID# CK#	Al Blum 418 Central Avenue Fulkerville, IA 51334		100	<input type="checkbox"/>
5-20-04	ID# CK#	Frank O'Connor 305 Locust St, Box 737 Dubuque, IA 52004		50	<input type="checkbox"/>
5-20-04	ID# CK#	Cole Harvey Box 144, Box 399 Kingsley, IA 51028		25	<input type="checkbox"/>
5-20-04	ID# CK#	William Puffett 517 8th St, SE Altoona, IA 50009		50	<input type="checkbox"/>
5-20-04	ID# CK#	Robert Bird P.O. Box 399 Kingsley, IA 51028		50	<input type="checkbox"/>
SUB-TOTAL				\$ 725	
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



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)
*Independent Insurance Agents of Iowa
 Political Action 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 88B.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
5-20-04	ID# CK#	Jim Harvey P.O. Box 399 Kingsley, IA 51028		\$ 50	<input type="checkbox"/>
5-20-04	ID# CK#	Terry Axman 603 Hwy 30 West Carroll, IA 51401		50	<input type="checkbox"/>
5-20-04	ID# CK#	Robert Niermeyer P.O. Box 57 Clarance, IA 52216		25	<input type="checkbox"/>
5-20-04	ID# CK#	Kevin Hummel 450 Evans Street Sloan, IA 51055		100	<input type="checkbox"/>
5-20-04	ID# CK#	Ron Oberbroeckling 3400 Ashbury Road Dubuque, IA 52002		25	<input type="checkbox"/>
5-20-04	ID# CK#	Scott DeBousa 202 Fischer Building, Box 759 Dubuque, IA 52004		50	<input type="checkbox"/>
5-20-04	ID# CK#	Keith Spelhammer Box 567-116 Pierce St. Sioux City, IA 51102		100	<input type="checkbox"/>
5-20-04	ID# CK#	Sue Wilson P.O. Box 157 Ringsted, IA 50578		50	<input type="checkbox"/>
5-20-04	ID# CK#	Tom Richardson P.O. Box 1000 Keokuk, IA 52632		250	<input type="checkbox"/>
5-20-04	ID# CK#	Robert Johnson 704 West Elm - Box 208 Pocahontas, IA 50574		50	<input type="checkbox"/>
SUB-TOTAL				\$ 750	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
*Independent Insurance Agents of Iowa
 Political Action 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
5-20-04	ID# CK#	Alan Hill 223 Main Street - Box 186 Cedar Falls, IA 50613		\$ 50	<input type="checkbox"/>
5-20-04	ID# CK#	Dorine Sater 104 N. Main Moulton, IA 52572		25	<input type="checkbox"/>
5-20-04	ID# CK#	Larry Randolph 1206 W. Sheridan, Box 99 Shamrock, IA 51601		50	<input type="checkbox"/>
5-20-04	ID# CK#	Dave Mott P.O. Box 148 Mt. Vernon, IA 52314		50	<input type="checkbox"/>
5-20-04	ID# CK#	Scott Koss 1220 4th Ave. W Spencer, IA 51301		100	<input type="checkbox"/>
5-20-04	ID# CK#	Mike Worthington 9 N. 5th Street Humboldt, IA 50548		50	<input type="checkbox"/>
5-20-04	ID# CK#	Gary Klobasca P.O. Box 98 Alta Vista, IA 50003		50	<input type="checkbox"/>
6-2-04	ID# CK#	Kent Muntz P.O. Box 7, 103 Elm Farmington, IA 52626		50	<input type="checkbox"/>
6-2-04	ID# CK#	Tom Powers P.O. Box 188 Pocahontas, IA 50574		100	<input type="checkbox"/>
5-27-04	ID# CK#	Del Frick 802 5th St, Box 637 Durant, IA 52747		100	<input type="checkbox"/>

SUB-TOTAL

\$ 625

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of 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)

Independent Insurance Agents of Iowa
 Political Action 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 88B.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
5-27-04	ID# CK#	Mike Falther P.O. Box 347 Corryville, IA 50841		\$ 100	<input type="checkbox"/>
5-27-04	ID# CK#	Robin Beert 120 S. 6th Avenue Eldridge, IA 52756		100	<input type="checkbox"/>
5-27-04	ID# CK#	Jim McCannell 100 N. Main, Box 458 Georgetown, IA 51237		50	<input type="checkbox"/>
5-27-04	ID# CK#	Steven Sinnott P.O. Box 1918 Waterloo, IA 50702		50	<input type="checkbox"/>
5-27-04	ID# CK#	J. William Sinnott P.O. Box 1918 Waterloo, IA 50702		100	<input type="checkbox"/>
5-27-04	ID# CK#	William H. French 100 S. Taylor, Box 626 Mt. Airy, IA 50854		50	<input type="checkbox"/>
5-27-04	ID# CK#	Richard Friedman 202 Fischer Building Dubuque, IA 52004		100	<input type="checkbox"/>
5-27-04	ID# CK#	Scott Sieperda 413 1st Avenue Rock Rapids, IA 51246		50	<input type="checkbox"/>
5-27-04	ID# CK#	David Foltz 413 1st Avenue Rock Rapids, IA 51246		50	<input type="checkbox"/>
5-27-04	ID# CK#	Diane L. Claeys 910 6th Avenue Dewitt, IA 52742		50	<input type="checkbox"/>
SUB-TOTAL				\$ 700	
TOTAL (if last page of this schedule)				\$	

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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)
 Independent Insurance Agents of Iowa
 Political Action 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(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
5-27-04	ID# CK#	Dale Finnegan 212 Oak Iowa Falls, IA 50126		\$ 50	<input type="checkbox"/>
6-2-04	ID# CK#	Paul Anema 301 Main Searsboro, IA 51248		100	<input type="checkbox"/>
6-2-04	ID# CK#	Kim Beltz Box 413 Durant, IA 52747		20	<input type="checkbox"/>
6-2-04	ID# CK#	Neal Woodbridge 1516 Pierce Street Sioux City, IA 51105		50	<input type="checkbox"/>
6-2-04	ID# CK#	Jeff Woodbridge 1516 Pierce Street Sioux City, IA 51105		50	<input type="checkbox"/>
6-2-04	ID# CK#	Steve Peterson P.O. Box 74 Estherville, IA 51334		50	<input type="checkbox"/>
6-2-04	ID# CK#	Bob Riehl 126 1st Avenue SE Badger, IA 50516		25	<input type="checkbox"/>
6-2-04	ID# CK#	Sheryl McDonald 201 E. Lincoln Way DeForest, IA 50129		25	<input type="checkbox"/>
6-2-04	ID# CK#	Jane M. Regan 19 Allamakee Street Wauken, IA 52172		50	<input type="checkbox"/>
6-2-04	ID# CK#	Terry McDonald 24 Westside Drive Iowa City, IA 52246		100	<input type="checkbox"/>
SUB-TOTAL				\$ 520	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
 Independent Insurance Agents of Iowa
 Political Action 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
6-11-04	ID# CK#	Eric Upchurch 24 Westside Drive Iowa City, IA 52246		\$ 50	<input type="checkbox"/>
6-11-04	ID# CK#	Kevin A. Hochstetler 110 5th St, Box 456 Kalona, IA 52247		50	<input type="checkbox"/>
6-11-04	ID# CK#	Dennis Rogers 115 North Hill Street Lake Mills, IA		50	<input type="checkbox"/>
6-11-04	ID# CK#	Robert J. Barnes 12345 University Avenue Des Moines, IA 50325		50	<input type="checkbox"/>
6-11-04	ID# CK#	Bruce Jeffries P.O. Box 191 West Branch, IA 52358		20	<input type="checkbox"/>
6-11-04	ID# CK#	Claudia Howell 8400 Hickman Clive, IA 50325		\$ 50	<input type="checkbox"/>
6-11-04	ID# CK#	Don Flock 24 Westside Drive Iowa City, IA 52246		100	<input type="checkbox"/>
7-8-04	ID# CK#	Kevin C. Johnson P.O. Box 336 Alburnett, IA 52214		50	<input type="checkbox"/>
7-8-04	ID# CK#	Dan Johnson 306 W. Burlington Fairfield, IA		25	<input type="checkbox"/>
7-8-04	ID# CK#	Jeff Rucker 3204 Crystal Drive Burlington, IA 52601		100	<input type="checkbox"/>
SUB-TOTAL				\$ 545	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
*Independent Insurance Agents of Iowa
 Political Action 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
7-8-04	ID# CK#	Eugene Christanson Box 120 Thornton, IA 50479		\$ 100	<input type="checkbox"/>
7-8-04	ID# CK#	Mary J. Brady P.O. Box 490 Cascade, IA 52033		50	<input type="checkbox"/>
7-8-04	ID# CK#	Jeff Miller 100 W. 2nd Street Muscatine, IA 52761		100	<input type="checkbox"/>
7-8-04	ID# CK#	Scott Wilde 604 Broad Street Plymouth, IA 50464		50	<input type="checkbox"/>
7-8-04	ID# CK#	Thomas Owen P.O. Box 231 Harlan, IA 51537		100	<input type="checkbox"/>
7-8-04	ID# CK#	Bob Skow 4000 Westown Parkway West Des Moines		110	<input type="checkbox"/>
7-8-04	ID# CK#	John Root 1127 N. 2nd Street Clinton, IA 52733		100	<input type="checkbox"/>
7-8-04	ID# CK#	Kristine Winter 104 Chestnut Street Anita, IA 50020		50	<input type="checkbox"/>
6-11-04	ID# CK#	Paul Lerber 123 West Main New London, IA 52645		100	<input type="checkbox"/>
6-11-04	ID# CK#	William Scott 1461 Grand Avenue, Suite B West Des Moines, IA 50265		100	<input type="checkbox"/>

SUB-TOTAL

\$ 860

TOTAL (If last page of this schedule)

\$

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For Instructions, See Back of 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)
Independent Insurance Agents of Iowa Political Action 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(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
5-20-04	ID# CK#	John Ahrold 317 6th Avenue, Suite 900 Des Moines		\$ 100	<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

\$ 100
\$

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



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)
 Independent Insurance Agents of Iowa
 Political Action 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
5-18-04	ID# 681 CK# 2740	Arnold for House Route #2, Box 156 Russell, IA 50238	Campaign Contribution	\$ 200
5-18-04	ID# 930 CK# 2741	Citizens for Heaton 510 E. Washington St. Mt. Pleasant, IA 52641	Campaign Contribution	200
5-19-04	ID# 1114 CK# 2742	Hoffman for Senate 809 S. 5th Street Charter Oak, IA 51439	Campaign Contribution	1,000.00
5-21-04	ID# 120 CK# 2743	Shull Election Committee 901 Salt Peltor Road Indianola, IA 50125	Campaign Contribution	250
5-24-04	ID# 1397 CK# 2744	Friends of Jim Lukow 2906 W. 35th Street Davenport, IA 52806	Campaign Contribution	100
5-25-04	ID# 586 CK# 2745	Gipp for Representative Dix High Decorah, IA 52101	Campaign Contribution	500
5-27-04	ID# 1500 CK# 2746	Ward for Senate 1545 Glen Oaks Drive West Des Moines, IA 50319	Campaign Contribution	150
6-4-04	ID# 527 CK# 2747	Klertz for Representative 607 110th Street Ottosen, IA 50570	Campaign Contribution	250
SUB-TOTAL				\$ 2650
TOTAL (if last page of this schedule)				\$

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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



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)
*Independent Insurance Agents of Iowa
 Political Action 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
6-8-04	ID# 913 CK# 2748	The Carroll Committee 244 400th Avenue Grinnell, IA 50112	Campaign Contribution	\$ 500
6-8-04	ID# 1400 CK# 2749	Upmeyer for House 2175 Pine Avenue Camaro, IA 50438	Campaign Contribution	100
6-8-04	ID# 806 CK# 2750	Brunkhorst for Senate 413 10th St. NE Waverly, IA 50677	Campaign Contribution	250
6-8-04	ID# 1361 CK# 2751	People for Beall 1928 N. 22nd Street Ft. Dodge, IA 50501	Campaign Contribution	250
6-15-04	ID# 1243 CK# 2752	Mark Zeman for Senate Committee 284 Luana Road Pocahontas, IA 50162	Campaign Contribution	250
6-14-04	ID# 1363 CK# 2753	Citizens for Stewart 3936 317th Avenue Preston, IA 52064	Campaign Contribution	250
6-16-04	ID# 1334 CK# 2754	Watts for House 2824 Prospect Avenue Adel, IA 50003	Campaign Contribution	250
6-22-04	ID# XXXX CK# XXXX	XXXXXXXXXXXXXXXXXXXX		
SUB-TOTAL				\$ 1850
TOTAL (if last page of this schedule)				\$

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

COMMITTEE NAME (Must be same as on Statement of Organization)
*Independent Insurance Agents of Iowa
 Political Action 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
6-17-04	ID# 1491 CK# 2755	<i>Taylor for House 2308 Northridge Drive Cardville, IA 52241</i>	<i>Campaign Contribution</i>	<i>\$200</i>
6-17-04	ID# 1313 CK# 2756	<i>Jones for Statehouse P.O. Box 98 Silver City, IA 51571</i>	<i>Campaign Contribution</i>	<i>100</i>
6-17-04	ID# 1099 CK# 2757	<i>Jim Van Englenhoven Election for State Representative P.O. Box 187 Pella, IA 52219</i>	<i>Campaign Contribution</i>	<i>100</i>
6-17-04	ID# 870 CK# 2758	<i>Warstadt for Senate Committee 3301 Chambers Street Sioux City, IA 51104</i>	<i>Campaign Contribution</i>	<i>400</i>
6-22-04	ID# 22 CK# 2759	<i>Citizens for Connolly 3458 Daniels Street Dubuque, IA 52002</i>	<i>Campaign Contribution</i>	<i>200</i>
6-23-04	ID# 1120 CK# 2760	<i>Joe Balkeman for Iowa Senate 708 2nd Avenue Iowa City, IA 52245</i>	<i>Campaign Contribution</i>	<i>500</i>
6-23-04	ID# 290 CK# 2761	<i>Committee to Elect Robert E. Dvorsky 412 1st Street Cardville, IA 52241</i>	<i>Campaign Contribution</i>	<i>200</i>
6-28-04	ID# 992 CK# 2762	<i>Schuerer for State Senate P.O. Box 290 Ames, IA 52203</i>	<i>Campaign Contribution</i>	<i>250</i>
SUB-TOTAL				<i>\$ 1950</i>
TOTAL (if last page of this schedule)				<i>\$</i>

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FOR INSTRUCTIONS, SEE BACK OF 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)
 Independent Insurance Agents of Iowa
 Political Action 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
6-30-04	ID# 162 CK# 2763	Rantz for Statehouse 2740 South Glass St. Sioux City, IA 51106	Campaign Contribution	\$ 500
6-30-04	ID# 1550 CK# 2764	Dawie for Senate P.O. Box 714 Cedar Falls, IA 50613	Campaign Contribution	1,000.00
6-30-04	ID# 1004 CK# 2765	Dentits for House Campaign 1540 W. Ridgeway Waterloo, IA 50701	Campaign Contribution	500
7-8-04	ID# 1319 CK# 2746	Ritney for Senate 1365 17th Street Gladbrook, IA 50635	Campaign Contribution	250
7-12-04	ID# 581 CK# 2770	Toumas for Van Fossen 2802 Middle Road Davenport, IA 52803	Campaign Contribution	250
7-2-04	ID# 1441 CK# 2771	Jim Van Fossen for State House #13 Enchanted Island Davenport, IA 52802	Campaign Contribution	200
7-12-04	ID# 1224 CK# 2772	Sievers for State House 27135 1st Avenue New Liberty, IA 52765	Campaign Contribution	250
7-14-04	ID# 293 CK# 2773	Fraser for Senate Pt. 1 Fort Madison, IA 52627	Campaign Contribution	250
SUB-TOTAL				\$ 3200
TOTAL (if last page of this schedule)				\$

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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)
*In Dependant Insurance Agents of Iowa
 Political Action 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
7-14-04	ID# 727 CK# 2774	Jack Drake for State Representative 52462 Juniper Road Lewis, IA 51544	Campaign Contribution	\$ 250
	ID# CK#			
SUB-TOTAL				\$ 250
TOTAL (if last page of this schedule)				\$ 9900.00

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