

DISCLOSURE SUMMARY PAGE

JUL 20 2004
pm 7-19

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	LD38
Indexed	SW 4r
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

IMPORTANT: Indicate type of committee you are reporting for: 2

(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 Slate of Candidates

Kathy V. Stonek 641-269-6560 7-17-04
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JUL 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 the first report filed.) \$ 5,659.76

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 741.65

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** \$ 741.65

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 550.00

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) \$ 5,851.41

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) \$ 0.00

For Instructions, See Back of Form
CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		2.00	
06/11/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
06/25/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
07/09/04	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.00	
SUB-TOTAL				\$ 28.50	
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 relative) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter 'not applicable' in the relationship column.

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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06/11/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.00	
06/25/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.00	
07/09/04	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
SUB-TOTAL				\$ 16.50	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
06/11/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
07/09/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
SUB-TOTAL				\$ 31.41	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.50	
06/25/04	ID# CK#	Unitemized Receipt		1.50	
07/09/04	ID# CK#	Unitemized Receipt		1.50	
05/28/04	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
06/11/04	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
06/25/04	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
07/09/04	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
SUB-TOTAL				\$ 19.94	
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)

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		2.00	
06/11/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
06/25/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
07/09/04	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
05/28/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
06/11/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	

SUB-TOTAL \$ 30.71
 TOTAL (if last page of this schedule) \$

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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07/09/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
06/11/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
06/25/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
07/09/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 60.00

TOTAL (if last page of this schedule)

\$

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
06/11/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
06/25/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
07/09/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
05/28/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
06/11/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 37.50	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

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07/09/04	ID# CK#	Andrew J. Groesenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
06/11/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
06/25/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
07/09/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 42.50

TOTAL (if last page of this schedule) \$

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
06/11/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
06/25/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
07/09/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
SUB-TOTAL				\$ 36.50	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.00	
SUB-TOTAL				\$ 12.50	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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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
06/11/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
06/25/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
07/09/04	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
06/11/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 31.00	
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 relative) and affinity (relatives by marriage) (See Page 2 of forms packet). 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
CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
07/09/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.00	
06/11/04	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
06/25/04	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
07/09/04	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 19.50

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.00	
06/11/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
06/25/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
07/09/04	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
SUB-TOTAL				\$ 18.48	
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	MONETARY
(Rev. 06/97)	
RECEIPTS	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/11/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
07/09/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 26.50

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
07/09/04	ID# CK#	Unitemized Receipt		1.00	
06/18/04	ID# CK#	Suzanne E. McEltree 206 N East St Toledo, Ia 52342		30.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
06/11/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	

SUB-TOTAL \$ 55.00

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/25/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
07/09/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		5.00	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.00	
06/11/04	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
06/25/04	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
07/09/04	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 25.00

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
07/09/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
06/11/04	ID# CK#	Unitemized Receipt		5.00	
06/25/04	ID# CK#	Unitemized Receipt		5.00	
07/09/04	ID# CK#	Unitemized Receipt		5.00	
05/28/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
06/11/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
07/09/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 41.00	
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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
06/11/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
07/09/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 30.50

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
SUB-TOTAL				\$ 17.50	
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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.25	
06/25/04	ID# CK#	Unitemized Receipt		1.25	
07/09/04	ID# CK#	Unitemized Receipt		1.25	
05/28/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
06/11/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
06/25/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
07/09/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
SUB-TOTAL				\$ 21.75	
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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
06/11/04	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
06/25/04	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
07/09/04	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	

SUB-TOTAL \$ 19.00

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 relative) and affinity (relatives by marriage) (See Page 2 of forms packet). 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
CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		2.50	
06/25/04	ID# CK#	Unitemized Receipt		2.50	
07/09/04	ID# CK#	Unitemized Receipt		2.50	

SUB-TOTAL \$ 22.00

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 relative) and affinity (relatives by marriage) (See Page 2 of forms packet). 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
CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.00	
06/11/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
06/25/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
07/09/04	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
05/28/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
06/11/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	

SUB-TOTAL	\$ 17.50
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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/25/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
07/09/04	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
05/28/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
06/11/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
06/25/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
07/09/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
05/28/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.00	
06/11/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
06/25/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
07/09/04	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	

SUB-TOTAL \$ 33.42

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
05/28/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
05/28/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		2.00	
06/11/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
06/25/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
07/09/04	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	
05/28/04	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.00	

SUB-TOTAL \$ 25.94

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/11/04	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
06/25/04	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
07/09/04	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
05/28/04	ID# CK#	Unitemized Receipt		1.00	
06/11/04	ID# CK#	Unitemized Receipt		1.00	
06/25/04	ID# CK#	Unitemized Receipt		1.00	
07/09/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 11.50

TOTAL (if last page of this schedule) \$ 741.65

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" 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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/22/04	ID# CK# 00117	Citizens for Connolly 3458 Daniels Street Dubuque, Ia 52002	State Senate General 2004/ia Contribution	50.00
06/01/04	ID# 6038 CK# 00116	Fraise for Senate Eugene Fraise Rt. 1 Ft. Madison, Ia 52627	State Senate General 2004/sd50 Contribution	200.00
06/01/04	ID# CK# 00115	Kibbie for Senate 112 Oakwood P.O. Box 190 Emetsburg, Ia 50536	State Senate General 2004/sd04 Contribution	200.00
05/18/04	ID# CK# 00114	Martz for Representative Dolores Martz 607 110 Th Street Ottosen, Ia 50570	State House/legislature/rep General 2004/ia Contribution	100.00
SUB-TOTAL				\$ 550.00
TOTAL (if last page of this schedule)				\$ 550.00

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 56.6(3)(i).)