

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

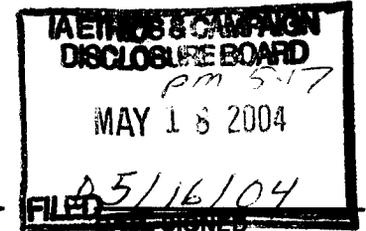
<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1540
Logged	by [initials] + tracked
Scanned	
Computer	
Audited	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Ren Longmuir for State Senate

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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name <u>Ren Longmuir</u>	Political Party <u>Republican</u>
Office Sought <u>State Senator</u>	District (if Senate or House) <u>12</u>



Rosemary Longmuir 563-633-3891  
**SIGNATURE OF TREASURER** (or person filing this report) **TELEPHONE**

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

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

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

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

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

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

## STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) .....\$ 0

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	<u>4385.00</u>
Schedule F: Loans Received total (Attach Schedule F) .....	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....	<u>0</u>

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** .....\$ 4385.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>1433.13</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....	<u>0</u>

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....\$ 2951.87

<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$ <u>153.12</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$ <u>445.00</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F) .....	\$ <u>0</u>

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES  NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ 0

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
*Ron Longmuir for State Senate*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
02/28/04	ID# CK# 5202	Rosemary Longmuir 2759 110th St. Arlington, IA 50606	Wife	\$ 100.00	<input type="checkbox"/>
03/27/04	ID# CK# 3332	Gerald C. Lukins 2728 Antelope Run Adel, IA 50003		500.00	<input type="checkbox"/>
03/31/04	ID# CK# 5858	M-J Hamlett 3669 B Avenue Arlington, IA 50606		25.00	<input type="checkbox"/>
03/31/04	ID# CK# 6069	Bruce Klett 11615 B Avenue Wadena, IA 52169		100.00	<input type="checkbox"/>
03/31/04	ID# CK# 6653	Mike Franzen 10662 Forest Road Arlington, IA 50606		20.00	<input type="checkbox"/>
03/31/04	ID# CK# 1798	Marilyn Shaffer 5047 F Avenue Arlington, IA 50606		5.00	<input type="checkbox"/>
03/31/04	ID# CK# 2234	Tim Hamlett 4039 B Avenue Arlington, IA 50606		25.00	<input type="checkbox"/>
04/01/04	ID# CK# 9143	Bonnie Nus 1429 Bell Road Arlington, IA 50606		20.00	<input type="checkbox"/>
04/01/04	ID# CK# 9495	ADD Angus Farms 5425 E Avenue Arlington, IA 50606		100.00	<input type="checkbox"/>
04/01/04	ID# CK# 1075	Paul Fohs 1675 117 Park Avenue Arlington, IA 50606		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 920.00	
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 familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Receipt Form

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

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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Ron Longmuir for State Senate*

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04/01/04	ID# CK# 1078	J+V Farms 1326 Amission Road Arlington, IA 50606		\$ 35.00	<input type="checkbox"/>
04/01/04	ID# CK# 3840	Andrea Roys 4347 Depot Road Wadena, IA 52169		50.00	<input type="checkbox"/>
04/02/04	ID# CK# 115	Doris Burrack 516 High St. Arlington, IA 50606		10.00	<input type="checkbox"/>
04/03/04	ID# CK# 2069	Paul Schuchmann 3552 80th St. Arlington, IA 50606		10.00	<input type="checkbox"/>
04/04/04	ID# CK# 5749	John Cunningham 1070 Uncochief St. Steamboat Springs, Colorado 80477	2nd Cousin	100.00	<input type="checkbox"/>
04/05/04	ID# CK# 5515	Ila Mae Rau 5082 60th St. Arlington, IA 50606	2nd Cousin	25.00	<input type="checkbox"/>
04/05/04	ID# CK# 140	Wanda Chapell 454 South St. Arlington, IA 50606		25.00	<input type="checkbox"/>
04/07/04	ID# CK# 7683	Robert Longmuir 2115 Panora Ave. New Hampton, IA 50654	brother	200.00	<input type="checkbox"/>
04/07/04	ID# CK# 2060	Leona Longmuir 524 High St. Arlington, IA 50606	mother	200.00	<input type="checkbox"/>
04/07/04	ID# CK# 9087	Jacob J. Hotz 208 Mechanic Drive Strawberry Point, IA 52076		40.00	<input type="checkbox"/>
SUB-TOTAL				\$ 695.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
*Ron Longmuir for State Senate*

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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
04/10/04	ID# CK# 7186	TK Farms 5056 G Ave. Arlington, IA 50606		\$ 50.00	<input type="checkbox"/>
04/10/04	ID# CK# 7098	Renee Voshell 10412 Delta Road Arlington, IA 50606		25.00	<input type="checkbox"/>
04/12/04	ID# CK# 5553	Tim Burrack 8405 80th Street Arlington, IA 50606		200.00	<input type="checkbox"/>
04/12/04	ID# CK# 5500	Eugene Franzen 11513 F Ave Arlington, IA 50606		10.00	<input type="checkbox"/>
04/13/04	ID# CK# 143	Elgene Kamper 521 High Street Arlington, IA 50606		10.00	<input type="checkbox"/>
04/14/04	ID# CK# 6420	Keith James Trustee for the Keith James Trust DTD 8613 40th St. Stanley, IA 50671		25.00	<input type="checkbox"/>
04/14/04	ID# CK# 7368	Karon Klingman Box 105 Volga, IA 52077	2nd cousin	100.00	<input type="checkbox"/>
04/21/04	ID# CK# 1022	Joyce Seedorff 3205 40th St. Arlington, IA 50606		20.00	<input type="checkbox"/>
04/23/04	ID# CK# 9013	Frederick G. Steinbron 2327 Shady Grove Road Jesup, IA 50648		100.00	<input type="checkbox"/>
04/29/04	ID# CK# 1952	Gail Moorman Behrens 4127 50th St. Arlington, IA 50606		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 560.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Rec'd Form

SCHEDULE <b>A</b> (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)  
*Ron Longmuir for State Senate*

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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
04/29/04	ID# CK# 439	Carolyn Klingman 4514 Wyvones Way Piano, TX 75024	Aunt	\$ 100.00	<input type="checkbox"/>
05/01/04	ID# CK# 1140	Northeast Iowa Auction Co. 7407 80th St. Arlington, IA 50606		10.00	<input type="checkbox"/>
05/05/04	ID# CK# 5271	Cheryl Hanson 11883 L. Ave. Fayette, IA 52142		25.00	<input type="checkbox"/>
05/10/04	ID# CK# 1243	Leslie Wynthein 10425 D Avenue Arlington, IA 50606		100.00	<input type="checkbox"/>
05/10/04	ID# CK# 2664	Joan E. Vagts 26467 Lincoln Road West Union, IA 52175		50.00	<input type="checkbox"/>
05/11/04	ID# CK# 13482	Rowley Equipment 1965 290th St. Rowley, IA 52329		100.00	<input type="checkbox"/>
05/12/04	ID# CK# 2836	Mila Smith 1724 Washington Prairie Rd. Decorah, IA 52101	Sister	25.00	<input type="checkbox"/>
05/12/04	ID# CK# 6562	Keystone Real Estate 114 Commercial St. Strawberry Point, IA 52076		300.00	<input type="checkbox"/>
05/14/04	ID# 6155 CK# 004134	Taxpayers United PO Box 209 Muscatine, IA 52761-0069		1,000.00	<input type="checkbox"/>
05/15/04	ID# 6096 CK# 1786	Manufactured Housing 1400 Dean Ave. Des Moines, IA 50316		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2210.00	
TOTAL (if last page of this schedule)				\$ 4385.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Ron Longmuir for State Senate*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03/11/04	ID# CK#	Farmers Savings Bank P.O. Box 127 Colesburg, IA 52035	checks for candidates campaign	\$ 9.16
03/29/04	ID# CK# 1001	Clayton County Register 106 Cedar NW Elkader, IA 52043	newspaper subscription 6 months	29.00
03/29/04	ID# CK# 1002	Fast Track 24687 Highway 13 Elkader, IA 52043	gas for car for candidate's door knocking 15.7 gallons at \$1.60 per gal.	25.00
04/02/04	ID# CK# 1003	Blaker Photography 3324 50th St. Arlington, IA 50606	8 wallet photos	12.84
04/07/04	ID# CK# 1004	LOCO-Volga Mini Mart 804 Washington Volga, IA 52077	gas for car for candidate's door knocking 12.1 gallons at \$1.66 per gal.	20.00
04/12/04	ID# CK# 1005	Independence Bulletin-Journal 116 5th Ave. Independence, IA 50644	1 year newspaper subscription	47.00
04/14/04	ID# CK# 1006	Kern's Co. Inc. 7 First Ave. NE Oelwein, IA 50662	1 1/2" x 3" candidate badge	13.13
04/16/04	ID# CK# 1007	Rebecca Longmuir 2759 110th St Arlington, IA 50606	Reimbursement for supplies for bulk mailing stamps, paper, envelopes	146.03
SUB-TOTAL				\$ 302.16
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

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

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Ron Longmuir for State Senate*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/19/04	ID# CK# 1008	Cedar Street Design and Printing 106 Cedar Street Elkader, Iowa 52043	4000 Panel cards 3 1/2" x 8 1/2"	\$ 241.70
04/21/04	ID# CK# 1009	Miller Printerie 1108 3rd Ave. SE Independence, IA 50644	5000 Name cards 2" x 3 1/2"	76.07
04/24/04	ID# CK# 1010	Lamont Sign Company 355 Pine Street Lamont, Iowa 50650	200 18"x30" panel signs	813.20
	ID# CK#			
SUB-TOTAL				\$ 1130.97
<b>TOTAL (if last page of this schedule)</b>				\$ 1443.13

**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).)

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Ron Longmuir for State Senate*

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/14/04	Heritage Printing Company 124 East Main Street Manchester, Iowa 52057	1000 4.25x5.5 postcards	\$ 153.12
SUB-TOTAL			\$ 153.12
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 153.12

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Ron Longmuir for State Senate*

Reset Form

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
<i>04/15/04</i>	<i>Mark G and Joan E. Vagts 26467 Lincoln Road West Union, IA 52175</i>		<i>180 used wires for signs at 25¢ each</i>	<i>\$ 45.00</i>	<input type="checkbox"/>
<i>05/13/04</i>	<i>Republican Party of Iowa 621 East 9th Des Moines, IA 50309</i>		<i>Brochure design/ layout</i>	<i>400.00</i>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ *445.00*

TOTAL (if last page of this schedule) \$ *445.00*

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) 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.