

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1507
Logged In	2
Scanned	
Computer	
Audited	
IA ETHICS & CAMPAIGN DISCLOSURE BOARD MAY 19 2004 FILED PM 5-18 5-17-04	

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

PETTENGILL FOR IOWANS

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	Political Party
DAWN PETTENGILL	DEMOCRATIC
Office Sought	District (if Senate or House)
STATE REPRESENTATIVE	39

(Signature)
SIGNATURE OF TREASURER (or person filing this report)

319-475-2237
TELEPHONE

5-17-04
DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

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

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

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.)

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)		3,472.00
Schedule F: Loans Received total (Attach Schedule F)		0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL		\$ 3,472.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....		379.64
Schedule F: Loan Repayments total (Attach Schedule F)		0
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	3,092.36
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	326.63
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

PETTENGILL FOR IOWANS

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
02/13/2004	ID# CK#	JAMES BELL 607-1ST STREET NE OELWEIN, IA 50662		\$10.00	<input type="checkbox"/>
02/20/2004	ID# CK#	LE J COX 408 W. 8TH STREET VINTON, IA 52349		35.00	<input type="checkbox"/>
02/26/2004	ID# CK#	LOLA BOSSLER PO BOX 263 VAN HORNE, IA 52346		6.00	<input type="checkbox"/>
03/05/2004	ID# CK#	YVONNE SUTTLE 3655 SOUTH 50 E LEBANON, IN 46052		300.00	<input type="checkbox"/>
02/27/2004	ID# CK#	ED TILFORD 4555 CRAMER ROAD MARTINSVILLE, IN 46151		50.00	<input type="checkbox"/>
02/22/2004	ID# CK#	GLEN RAMMELSBERG PO BOX 13 BLAIRSTOWN, IA 52209		25.00	<input type="checkbox"/>
02/22/2004	ID# CK#	CAROL ZANDER 2060 - 50TH STREET DRIVE MT. AUBURN, IA 52313		25.00	<input type="checkbox"/>
02/18/2004	ID# CK#	GENE DAVIS 216 RIVERVIEW DRIVE VINTON, IA 52349		25.00	<input type="checkbox"/>
02/23/2004	ID# CK#	SCOTT WANDSCHNEIDER 801 LINCOLN DRIVE LA PORTE CITY, IA 50651		25.00	<input type="checkbox"/>
02/24/2004	ID# CK#	JIM DAILY 1505 - 4TH AVENUE BELLE PLAINE, IA 52208		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 526.00	
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

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

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
02/11/2004	ID# CK#	DUANE ELDRED BOX 126 511 CENTER AVE. URBANA, IA 52345		\$25.00	<input type="checkbox"/>
02/16/2004	ID# CK#	CARLTON MCCORD 298 W. PINE STREET MARENGO, IA 52301		100.00	<input type="checkbox"/>
02/26/2004	ID# CK#	RON DONALD 104 ELM STREET VAN HORNE, IA 52346		200.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	JOYCE KRANZ 2732 67TH STREET NEWHALL, IA 52315		100.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	GARY EDWARDS 1689 108TH STREET MARENGO, IA 52301		100.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	JUDITH PURDIN 2403 160TH STREET MARENGO, IA 52301		15.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	MARY OBRIEN 506 6TH STREET VAN HORNE, IA 52346		25.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	MIKKI MESSERSCHMIDT PO BOX 115 NEW HARTFORD, IA 50660		25.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	JERRY MICHAEL 2645 DEER RUN DRIVE URBANA, IA 52345		50.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	BERNIECE SCHWARTZ 603 W. 8TH STREET VINTON, IA 52349		10.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 650.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

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
02/26/2004	ID# CK#	KERRI POWELL 323 - 3RD STREET WASHBURN, IA 50706		\$10.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	EMILY KNEPPER 1126 TIFFANY PLACE WATERLOO, IA 50701		25.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	MARTHA GRAF 2732 67TH STREET NEWHALL, IA 52315		25.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	SHIRLEY ARTHUR BOX 106 MOUNT AUBURN, IA 52313		25.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	ROSEMARY SCHWARTZ 603 W. 8TH STREET VINTON, IA 52349		100.00	<input checked="" type="checkbox"/>
02/26/2004	ID# CK#	PASS THE HAT AT FUNDRAISER NO ONE PERSON OVER 10.00		86.00	<input checked="" type="checkbox"/>
03/03/2004	ID# CK#	LYNN ARTHUR BOX 106 MOUNT AUBURN, IA 52313		20.00	<input type="checkbox"/>
03/01/2004	ID# CK#	DONALD PERDIEW 2883 W. BEELINE ROAD SALEM, IN 47167		50.00	<input type="checkbox"/>
03/01/2004	ID# CK#	JIM KIRK 6432 24TH AVENUE VINTON, IA 52349		100.00	<input type="checkbox"/>
03/03/2004	ID# CK#	DICK SCHOONOVER 107 EAST 21ST STREET VINTON, IA 52349		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 541	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

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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
03/03/2004	ID# CK#	SANDY HAMILTON 1107 A AVENUE VINTON, IA 52349		\$50.00	<input type="checkbox"/>
03/03/2004	ID# CK#	STEVE LUCAS 1401 B AVENUE VINTON, IA 52349		50.00	<input type="checkbox"/>
03/03/2004	ID# CK#	PAT MILNE 211 RIVERVIEW DRIVE VINTON, IA 52349		100.00	<input type="checkbox"/>
02/29/2004	ID# CK#	STEVE KRANZ 2732 67TH STREET NEWHALL, IA 52315		100.00	<input type="checkbox"/>
02/27/2004	ID# CK#	GALEN PETTENGILL 1107 JACKSON STREET LA PORTE CITY, IA 50651	BROTHER IN L	100.00	<input type="checkbox"/>
03/13/2004	ID# CK#	LAWRENCE SCHMIDT 3241 51ST STREET WALKER, IA 52352		100.00	<input type="checkbox"/>
03/13/2004	ID# CK#	RICHARD GROVERT 2719-68TH STREET NEWHALL, IA 52315		25.00	<input type="checkbox"/>
03/13/2004	ID# CK#	CAROL ZANDER 2060 50TH STREET DRIVE MOUNT AUBURN, IA 52313		50.00	<input type="checkbox"/>
03/26/2004	ID# CK#	SHIRLEY PERDIEW 8010 NAVIOS DRIVE SE HUNTSVILLE, AL 35802	MOTHER	160.00	<input type="checkbox"/>
03/28/2004	ID# CK#	MARY P. BUKTA 604 S. 32ND STREET CLINTON, IA 52732		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 835.00	
TOTAL (if last page of this schedule)				\$	

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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)
 PETTENGILL FOR IOWANS

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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
05/03/2004	ID# CK#	RANDY BRADEN 102 SCENIC DRIVE VINTON, IA 52349		\$25.00	<input type="checkbox"/>
04/30/2004	ID# CK#	LINDA LANGSTON 4257 SUNLAND CT SE CEDAR RAPIDS, IA 52403		25.00	<input type="checkbox"/>
04/29/2004	ID# CK#	MARY OBRIEN 506 6TH STREET VAN HORNE, IA 52346		25.00	<input type="checkbox"/>
04/30/2004	ID# CK#	DAN SCHULTE 110 3RD STREET WATKINS, IA 52354		25.00	<input type="checkbox"/>
04/28/2004	ID# CK#	BURTWIN DAY BOX 293 NORWAY, IA 52318		50.00	<input type="checkbox"/>
05/06/2004	ID# CK#	CARLTON MCCORD 298 W. PINE STREET MARENGO, IA 52301		100.00	<input type="checkbox"/>
05/06/2004	ID# CK#	JEFF HOFFMAN 1401 WICKFORD PLACE HURON, OH 44839		100.00	<input type="checkbox"/>
05/07/2004	ID# CK#	MARY SCHOONOVER 107 E. 21ST STREET VINTON, IA 52349		50.00	<input type="checkbox"/>
05/08/2004	ID# CK#	CHARLOTTA TOTTH-FISHER 2240 51ST STREET MOUNT AUBURN, IA 52313		10.00	<input type="checkbox"/>
05/10/2004	ID# CK#	CHAD TURNER 1815 IOWA STREET CEDAR FALLS, IA 50613		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 420.00	
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)
 PETTENGILL FOR IOWANS

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
05/10/2004	ID# CK#	ELAINE HARRINGTON 2725 - 77TH STREET DRIVE WATKINS, IA 52354		\$50.00	<input type="checkbox"/>
05/10/2004	ID# CK#	DOROTHY ANTHONY 1203 - 2ND AVENUE VINTON, IA 52349		50.00	<input type="checkbox"/>
02/04/2004	ID# CK#	DICK SCHOONOVER 107 E. 21ST STREET VINTON, IA 52349		100.00	<input type="checkbox"/>
01/29/2004	ID# CK#	SHIRLEY PERDIEW 8010 NAVIOS DRIVE SE HUNTSVILLE, AL 35802	MOTHER	100.00	<input type="checkbox"/>
05/10/2004	ID# 6060 CK# 2261	IOWA COMMITTEE ON POLITICAL EDUCATION 2000 WALKER, SUITE A DES MOINES, IA 50319		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 500.00	
TOTAL (if last page of this schedule)				\$ 3,472.00	

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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)
 PETTENGILL FOR IOWANS

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
02/26/2004	ID# CK#	DAWN PETTENGILL PO BOX 76 MOUNT AUBURN, IA 52313	FOOD FOR FUNDRAISER	\$ 54.64
02/26/2004	ID# CK#	BENTON CO. HISTORICAL SOCIETY BOB MOEN 5594 22ND AVENUE	HALL RENTAL FOR FUNDRAISER	75.00
04/27/2004	ID# CK#	IOWA DEMOCRATIC PARTY 1408 LOCUST DES MOINES, IA 50309	VOTER ACTIVATION NETWORK ACCESS	250.00
	ID# CK#			
SUB-TOTAL				\$ 379.64
TOTAL (if last page of this schedule)				\$ 379.64

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

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

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

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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
02/10/2004	DAWN PETTENGILL BOX 76 MT AUBURN, IA 52313		POSTAGE FOR FUNDRAISER INVITES	\$ 37.00	<input type="checkbox"/>
02/26/2004	ANDY LUKE 1201 BISHOP AVENUE LAPORTE CITY, IA 50651		CHEESE FOR FUNDRAISER	45.00	<input type="checkbox"/>
01/27/2004	DAWN PETTENGILL BOX 76 MT AUBURN, IA 52313		CAMPAIGN PHOTOS	21.39	<input type="checkbox"/>
02/26/2004	DEBBIE WILSON 5427 - 17TH AVENUE LA PORTE CITY, IA 50651		FOOD FOR FUNDRAISER	51.00	<input type="checkbox"/>
03/12/2004	DAWN PETTENGILL BOX 76 MT AUBURN, IA 52313		STAMPS FOR FUND RAISING LETTER	37.00	<input type="checkbox"/>
04/08/2004	JENNIFER LOVE THIRD STREET LA PORTE CITY, IA 50651		MAILING LABELS	26.99	<input type="checkbox"/>
04/16/2004	DAWN PETTENGILL BOX 76 MT AUBURN, IA 52313		NAMETAG, STAMP, ENVELOPES	41.25	<input type="checkbox"/>
04/21/2004	DAWN PETTENGILL BOX 76 MT AUBURN, IA 50651		ADVERTISEMENT, HAWKEYE LABOR	30.00	<input type="checkbox"/>
04/30/2004	DAWN PETTENGILL BOX 76 MT. AUBURN, IA 50651		STAMPS FUNDRAISING LETTER	37.00	<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 326.63	
TOTAL (if last page of this schedule)				\$ 326.63	

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