

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>10038</u>	
Indexed <u>SW - FR</u>	
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 D. Stomek 641-269-6560
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

5-17-04
 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$80

ETHICS & CAMPAIGN DISCLOSURE BOARD
 MAY 20 2004
 FILED PM 5-19

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 FILED

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.) \$ 4,970.14

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1,289.62

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 \$ 1,289.62

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 600.00

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) \$ 5,659.76

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
01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
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04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

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COMMITTEE NAME *(Must be same as on Statement of Organization)*
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01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 17.00	
TOTAL (if last page of this schedule)				\$	

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

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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

TOTAL (if last page of this schedule)

\$

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01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
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04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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

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01/09/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
01/23/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
02/06/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
02/20/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
03/05/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
03/19/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
04/02/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
04/16/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
04/30/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	
05/14/04	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		2.91	

SUB-TOTAL	\$ 29.10
TOTAL (if last page of this schedule)	\$

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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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01/09/04	ID# CK#	Unitemized Receipt		2.36	
01/23/04	ID# CK#	Unitemized Receipt		2.36	
02/06/04	ID# CK#	Unitemized Receipt		2.36	
02/20/04	ID# CK#	Unitemized Receipt		2.36	
03/05/04	ID# CK#	Unitemized Receipt		2.36	
03/19/04	ID# CK#	Unitemized Receipt		2.36	
04/02/04	ID# CK#	Unitemized Receipt		2.36	
04/16/04	ID# CK#	Unitemized Receipt		2.36	
04/30/04	ID# CK#	Unitemized Receipt		2.36	
05/14/04	ID# CK#	Unitemized Receipt		2.36	
SUB-TOTAL				\$ 23.60	
TOTAL (if last page of this schedule)				\$	

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

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02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
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
01/09/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
01/23/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
02/06/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
02/20/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
03/05/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
03/19/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
04/02/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
04/16/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
04/30/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	
05/14/04	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		3.71	

SUB-TOTAL \$ 37.10

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
01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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
01/09/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
01/23/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
02/06/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
02/20/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
03/05/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
03/19/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/02/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/16/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/30/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
05/14/04	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
SUB-TOTAL				\$ 125.00	
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 <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
01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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
01/09/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
01/23/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
02/06/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
02/20/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
03/05/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
03/19/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
04/02/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
04/16/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
04/30/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
05/14/04	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		3.00	
SUB-TOTAL				\$ 30.00	
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 <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
01/09/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
01/23/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
02/06/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
02/20/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
03/05/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
03/19/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
04/02/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
04/16/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
04/30/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
05/14/04	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 50.00	
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
01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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
01/09/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
01/23/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
02/06/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
02/20/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
03/05/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
03/19/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
04/02/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
04/16/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
04/30/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
05/14/04	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		4.00	
SUB-TOTAL				\$ 40.00	
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
01/09/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
01/23/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
02/06/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
02/20/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
03/05/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
03/19/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
04/02/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
04/16/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
04/30/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
05/14/04	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		5.00	
SUB-TOTAL				\$ 50.00	
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
01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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
01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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
01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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
01/09/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
01/23/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
02/06/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
02/20/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
03/05/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
03/19/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
04/02/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
04/16/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
04/30/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
05/14/04	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	

SUB-TOTAL \$ 50.00

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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01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 20.00

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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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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01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
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
01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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
01/09/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
01/23/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
02/06/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
02/20/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
03/05/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
03/19/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
04/02/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
04/16/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
04/30/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
05/14/04	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		3.98	
SUB-TOTAL				\$ 39.80	
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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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
01/09/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
01/23/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
02/06/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
02/20/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
03/05/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
03/19/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
04/02/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
04/16/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
04/30/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	
05/14/04	ID# CK#	Rhonda R. Moyes 302 2nd Ave Grinnell, Ia 50112		4.00	

SUB-TOTAL \$ 40.00

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
01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
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.

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
01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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
01/09/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
01/23/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
02/06/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
02/20/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
03/05/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
03/19/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
04/02/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
04/16/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
04/30/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
05/14/04	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 50.00	
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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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 <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
01/09/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
01/23/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
02/06/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
02/20/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
03/05/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
03/19/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
04/02/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
04/16/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
04/30/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
05/14/04	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 50.00	
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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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

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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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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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
01/09/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
01/23/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
02/06/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
02/20/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
03/05/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
03/19/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
04/02/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
04/16/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
04/30/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
05/14/04	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	

SUB-TOTAL \$ 30.00

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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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
01/09/04	ID# CK#	Unitemized Receipt		2.50	
01/23/04	ID# CK#	Unitemized Receipt		2.50	
02/06/04	ID# CK#	Unitemized Receipt		2.50	
02/20/04	ID# CK#	Unitemized Receipt		2.50	
03/05/04	ID# CK#	Unitemized Receipt		2.50	
03/19/04	ID# CK#	Unitemized Receipt		2.50	
04/02/04	ID# CK#	Unitemized Receipt		2.50	
04/16/04	ID# CK#	Unitemized Receipt		2.50	
04/30/04	ID# CK#	Unitemized Receipt		2.50	
05/14/04	ID# CK#	Unitemized Receipt		2.50	

SUB-TOTAL \$ 25.00

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
01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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

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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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 <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
01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL	\$ 20.00
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
01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 20.00

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 <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
01/09/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
01/23/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
02/06/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
02/20/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
03/05/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
03/19/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
04/02/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
04/16/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
04/30/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
05/14/04	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	

SUB-TOTAL \$ 49.80

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
01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 20.00

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
01/09/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
01/23/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
02/06/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
02/20/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
03/05/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
03/19/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
04/02/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
04/16/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
04/30/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
05/14/04	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.94	
SUB-TOTAL				\$ 29.40	
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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01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
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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01/09/04	ID# CK#	Unitemized Receipt		1.00	
01/23/04	ID# CK#	Unitemized Receipt		1.00	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	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 <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
01/09/04	ID# CK#	Unitemized Receipt		2.00	
01/23/04	ID# CK#	Unitemized Receipt		2.00	
02/06/04	ID# CK#	Unitemized Receipt		2.00	
02/20/04	ID# CK#	Unitemized Receipt		2.00	
03/05/04	ID# CK#	Unitemized Receipt		2.00	
03/19/04	ID# CK#	Unitemized Receipt		2.00	
04/02/04	ID# CK#	Unitemized Receipt		2.00	
04/16/04	ID# CK#	Unitemized Receipt		2.00	
04/30/04	ID# CK#	Unitemized Receipt		2.00	
05/14/04	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 20.00

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
01/09/04	ID# CK#	Unitemized Receipt		2.91	
01/23/04	ID# CK#	Unitemized Receipt		2.91	
02/06/04	ID# CK#	Unitemized Receipt		1.00	
02/20/04	ID# CK#	Unitemized Receipt		1.00	
03/05/04	ID# CK#	Unitemized Receipt		1.00	
03/19/04	ID# CK#	Unitemized Receipt		1.00	
04/02/04	ID# CK#	Unitemized Receipt		1.00	
04/16/04	ID# CK#	Unitemized Receipt		1.00	
04/30/04	ID# CK#	Unitemized Receipt		1.00	
05/14/04	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 13.82	
TOTAL (if last page of this schedule)				\$ 1,289.62	

*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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE	
B	MONETARY
(Rev. 09/97)	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 <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/06/04	ID# CK# 00113	Horbach for State Representative Lance Horbach 1014 Oakland Dr. Tama, Ia 52339	State House/Legislature/rep General 2004/ia Political Contribution	100.00
05/06/04	ID# 9098 CK# 00112	Iowa Democratic Party 345 Whitmer Parkway Des Moines, Ia 50310	State Political Party General 2004/ia Political Contribution	250.00
05/06/04	ID# CK# 00111	Republican Party of Iowa 521 E. Locust Street Des Moines, Ia 50309	State Republican Committee General 2004/ia Political Contribution	250.00
SUB-TOTAL				\$ 600.00
TOTAL (if last page of this schedule)				\$ 600.00

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).)