FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 07/2003) DISCLOSURE REPORT

For Office Use Only
Comm. # 1652
Logged In SW
Scanned
Computer
Audited

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Elect Allison State Representative

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: Charles Allison
Political Party: Republican
Office Sought: State Representative
District (if Senate or House): 68

ETHICS COMMISSION DISCLOSURE REPORT
OCT 18 2004
FILED 10-18-04

Judy Allison — SIGNATURE OF TREASURER (or person filing this report)
(512) 261-0571 — TELEPHONE
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 Oct 19, 2004 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

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

Local Committees, enter Date of Election

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

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) $	1697.26
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2590
Schedule F: Loans Received total (Attach Schedule F)	3000
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	7287 26
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	6507 02
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) $	780 24
****UNPAID BILLS** (From Schedule D - Attach Schedule D) $	-0-
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $	375 -
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) $	3000 -
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	☐ YES ☒ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	-0-

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03) — MONETARY RECEIPTS

☐ 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)*
Committee to Elect Allison State Representative

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

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

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-RAISER INCOME
7/16/04	ID# CK#	William Gronen 515 Riverside Dr. Waterloo IA 50703		$50	
7/16/04	ID# CK#	Linda Bratkiewicz 1782 NW 8th Pl. Clive IA 50325		$100	
7/21/04	ID# CK#	Linda Northouse 3919 E 30 St DM, IA 50317		25	
7/21/04	ID# CK#	William Walling 2329 Tomlin Lane Des Moines IA 50317		20	
8/7/04	ID# CK#	Cleve Pilakowski 3181 Eagle CT NE Cedar Rapids IA 52402		25	
8/7/04	ID# CK#	G.L. Smith 123 N. Front St. Clayton Garnavillo IA 52049		10	
8/20/04	ID# CK#	Ted Townsend 2425 Hubbell Des Moines IA 50305		100	
8/24/04	ID# CK#	Donald Lyon 7955-36 Wistful Vista Dr. W Des Moines IA 50266		50	
9/9/04	ID# 6063 CK# 1725	IA Dental Assoc Political Action Comm. 505 5th Ave #333 DM IA 50309		50	
9/9/04	ID# CK# 14564	John Weber 28 W. Charles Oelwein IA 50662		25	

SUB-TOTAL $455

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.

Page 1 of 5 (for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS

☐ 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)*
Committee to Elect Allison State Representative

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
9/12/04	ID# CK# 11138	Kevin McLaughlin 4244 Foster Dr. DM IA 50312		$100	
9/12/04	ID# CK# 3655	Mr + Mrs Richard Northouse 3919 E 30 St DM IA 50317		25	
9/12/04	ID# CK# 3203	Mr + Mrs Paul Whisenand Box 184 Kelley IA 50134		15	
9/12/04	ID# CK# 7080	Linda Arthur 2520 Grandview Ave DM IA 50317		10	
9/12/04	ID# CK# 3735	Mary Whisenand 4154 E 30 St DM IA 50317		25	
9/12/04	ID# CK# cash	Jam Binkinbine 3260 E Douglas Ave DM IA 50317		5	
9/12/04	ID# CK# cash	James Arthur 2520 Grandview Ave. DM IA 50317		15	
9/12/04	ID# CK# cash	Mr + Mrs Gerald Thomas 2505 E 39th Court DM IA 50317		15	
9/20/04	ID# CK# 14744	Dr. A.D. Savage 107 E. Madison Mt Pleasant IA 52641		50	
9/22/04	ID# CK# 4091	Connie Shilley 2 Sugar Creek Ln. Waukee IA 50263		50	

SUB-TOTAL $310

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

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*
committee to Elect Allison
State Representative

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
9/22/04	ID# CK# 3065	Gertrude Doughten 745 5th Ave Carlisle IA 50047		$ 100	☐
9/24/04	ID# CK#	Mr+Mrs Terrance Kurtz 3156 Ashworth Rd. Waukee IA 50263		50	☐
9/29/04	ID# CK#	Dr Grey Ganske 1301 Penn Ave DM IA 50316		50	☐
9/[illegible]/04	ID# CK#	Michael Hipp 4728 Brookview Dr WDM IA 50265		50	☐
9/29/04	ID# CK#	Duncan Gallagher 3050 NW 75th Place Ankeny IA 50021		100	☐
9/29/04	ID# CK#	David Start 8130 Wellington Blvd Johnston IA 50131		100	☐
9/29/04	ID# CK#	Angela Marie 696 19 St DM IA 50314		25	☐
9/29/04	ID# CK#	Dr+Mrs David Davidson 913 48th St. WDM IA 50265		50	☐
9/29/04	ID# CK#	Tom Evans 7005 NW Beaver Dr. Johnston IA 50131		50	☐
9/29/04	ID# CK#	Carolyn Ray 147 E Meadow Ave DM IA 50313		50	☐

SUB-TOTAL $ 625

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

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03) MONETARY RECEIPTS

☐ 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)
committee to Elect Allison
State Representative

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
9/29/04	ID# CK#	Kevin McLaughlin 4244 Foster Dr DM IA 50312		$25	☐
9/29/04	ID# CK#	Donald Franzen 9312 Aurora Ave Urbandale IA 50322		50	☐
9/29/04	ID# CK#	Tea Sporer 1475 NW 98th Clive IA 50325		100	☐
9/29/04	ID# CK#	James Zahna 1592 NW 102nd St. Clive IA 50325		100	☐
9/29/04	ID# CK#	Samuel Wallace 1 Greenwood Terr. DM IA 50312		100	☐
9/29/04	ID# IANA PAC CK# 6478	IA Assoc. of Nurse Anesthetists DM IA 50312		100	☐
9/29/04	ID# CK#	Barry Spear 3705 SW Court Ave Ankeny IA 50021		100	☐
9/29/04	ID# CK#	Edward Brown 805 59th St W DM IA 50266		250	☐
9/29/04	ID# CK#	Dr & Mrs. William Grask 1601 NW 114th St Clive IA 50325		50	☐
10/6/04	ID# CK# 4250	Traci Flanigan 9325 Oakwood Dr. Urbandale IA 50322		50	☐
			SUB-TOTAL	$ 925	
			TOTAL (if last page of this schedule)	$	

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*
Committee to Elect Allison State Representative

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
10/6/04	ID# CK# 345	Gary Davis Boyden Albia IA 52531		$25	☐
10/6/04	ID# 6073 CK# 205	IA Medical Political Action Comm. 1001 Grand Ave DM IA 50265		100	☐
10/6/04	ID# CK# 5186	Bernard Baker 1105 Glen Oaks Dr WDM IA 50265		150	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$275	
			TOTAL *(if last page of this schedule)*	$2590	

* 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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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)* Committee to Elect Allison State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE *(Disbursement)* WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/15/04	ID# CK#	US Bank	Checks	$ 20.97
7/15/04	ID# CK#	Michaels WDM IA	decorations	47.03
7/15/04	ID# CK#	Card Factory WDM IA	supplies Bags for bookmarks	62.29
7/26/04	ID# CK# 1001	Anderson Brothers Sioux City IA	brochures	735
7/26/04	ID# CK#	EDI E. Euclid DM IA	chair/table rental volunteer party	56.18
7/29/04	ID# CK#	HyVee E. Euclid DM IA	food volunteer party	143.59
8/3/04	ID# CK# 1002	Dahls E. Euclid DM IA	50 fair tickets for volunteers entrance	60
8/5/04	ID# CK# 1003	DM Park & Rec Center DM IA	shelter rental	30
			SUB-TOTAL	$ 1155.56
			TOTAL *(if last page of this schedule)*	$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Elect Allison House Representative

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
8/9/04	ID# CK#	Party America WDM IA	decorations + supplies	$ 99.96
8/9/04	ID# CK#	Factory Card Outlet WDM IA	thank you + invitations	41.31
8/12/04	ID# CK#	K Mart Ankeny DM IA	supplies, plates napkins etc	60.52
8/12/04	ID# CK#	WalMart Altoona IA	supplies, paper ink	154.99
8/16/04	ID# CK#	Dahls E Euclid DM I	food for rally	22.25
8/16/04	ID# CK# 2004	DM Park + Rec Centr DM IA	sound permit	20
8/17/04	ID# CK#	Hy Vee E Euclid DM IA	food for rally	43.59
8/30	ID# CK#	Office Depot WDM IA	pagers	46.85
			SUB-TOTAL	$ 489.47
			TOTAL ***(if last page of this schedule)***	$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Elect Allison House Representative

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
8/31/04	ID# CK# 1005	Anderson Brothers Sioux City IA	brochures	$ 705.00
9/13/04	ID# CK#	K Mart Hubbell DM IA	decorations paper supplies ice cream social	100
9/14/04	ID# CK# 1006	DM Parks + Rec Center DM IA	sound permit	20
9/21/04	ID# CK# 1007	Tradeshow Productions 606 S Front St. Montezuma IA 50171	Booth at gun show	40
9/21/04	ID# (ck 1008 VOID) CK# 1009	Polk County GOP Rally DM IA	Rally	50
9/24/04	ID# CK#	Copy Fast Hubbell DM IA	copies	60
9/24/04	ID# CK#	Office Depot WDM	ink, paper	52.42
9/24/04	ID# CK#	Kinko's WDM IA	copies	25.44
			SUB-TOTAL	$ 1052.86
			TOTAL *(if last page of this schedule)*	$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
committee to Elect Allison
State Representative

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
9/24/04	ID# CK#	Capital Promotions Box 231 Glenside PA 19038	Yard signs	$ 628.43
10/4/04	ID# CK#	Walmart Altoona IA	supplies for door knockers office supplies	67.84
10/13/04	ID# CK#	LMF DM IA	mailers	2900
10/15/04	ID# CK#	oriental Trade Omaha NE 68103	handouts for gun show	28.20
10/15/04	ID# CK#	Walmart Altoona IA	gun show booth decorations, handouts, thank yours	135.46
10/15/04	ID# CK#	US Bank DM IA	Bank charges Aug Sept Oct	48.70
	ID# CK#			
	ID# CK#			

SUB-TOTAL $3809.13

TOTAL *(if last page of this schedule)* $6507.02

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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
committee to elect Allison State Representative

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SCHEDULE E (Rev. 06/97) — IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
8/29/04	Steve Fuller 2522 2 29th Des Moines IA 50317		reception	$ 150	☐
9/12/04	Jim Erickson 2420 E University Des Moines IA 50317		icecream + drinks	$ 125	☐
10/15/04	David & Linda McGhee 3111 Easton Des Moines IA 50317		reception	$ 100	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

SUB-TOTAL $ 375

TOTAL (if last page of this schedule) $ 375

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Elect Allison State Representative

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 0

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
10/12/04	Judy Allison 3001 E 43 St Des Moines IA 50317	wife	$ 3000-

TOTAL *(PART I)* $ 3000-

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E – In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			$

TOTAL CASH REPAYMENTS *(PART II)* $ 0

From Schedule E -- TOTAL LOANS FORGIVEN $ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 3000-

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Page 1 of 1 (for Schedule F)