

7004 1160 0005 9551 8556

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM <b>DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>1553</u>
Logged In	
Scanned	
	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Elect Nathaw Reichert

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

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Nathaw Reichert</u>	Political Party <u>Democrat</u>
Office Sought <u>Representative</u>	District (if Senate or House) <u>Ia. House 80</u>

**FILED**  
 OCT 18 2004  
 PM 10-16

Sharon Savage  
 SIGNATURE OF TREASURER (or person filing this report)

563-263-7419  
 TELEPHONE

10-15-04  
 DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

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

CHECK IF AMENDMENT TO REPORT DATED 7-15-04 to 10-14-04

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.)	\$	<u>5,496.15</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>20,297.87</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL .....	\$ <u>25,794.02</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>8,458.08</u>
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>17,335.94</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>26,073.65</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

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

FOR INSTRUCTIONS, SEE BACK OF FORM

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Elect Nathaw Reichert

Reset 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
9/1/04	Tom + Cindy Kautz 205 Cherry St. Muscatine, Ia. 52761		Food Beveridges	\$ 850-	<input checked="" type="checkbox"/>
9/2/04	Larry + Kathy Meyer 1714 Pearlview St Muscatine, Ia. 52761		Food Beveridges	75-	<input checked="" type="checkbox"/>
9/8/04	Melissa Brookhart 5318 27th St N. Arlington, VA 22207	Sister	Card Stock	18.80	<input checked="" type="checkbox"/>
9/22/04	Melissa Brookhart "	"	6 Boxes ENVS.	83.10	<input type="checkbox"/>
9/23/04	Melissa Brookhart "	"	Postage	46.75	<input type="checkbox"/>
9/24/04	Eandy Naber 402 E. 8th St Muscatine, Ia. 52761		Buffet Drinks	200-	<input checked="" type="checkbox"/>
9/10/04	Janet Kardux 2478 Hummingbird Ln. Muscatine, Ia. 52761	Cousin	Postage food bev.	300-	<input checked="" type="checkbox"/>
10/15/04	Iowa Democratic Party 1408 Locust St. Des Moines, Ia.		Mail	24,000-	<input type="checkbox"/>
10/15/04	Iowa Democratic Party "		Staff	250-	<input type="checkbox"/>
10/15/04	Service Employees Int. Union 102 Second Ave Coalville, IA 5224-2687		Phone	250	<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	26,073.65

\*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.

7004 1160 0005 9551 1755  
FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
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Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Elect Nathan Reichert

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

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Nathan Reichert</u>	Political Party <u>Democrat</u>
Office Sought <u>Representative</u>	District (if Senate or House) <u>Ia. House 80</u>

**ETHICS & CAMPAIGN DISCLOSURE**  
 OCT 18 2004  
 pm 10-114  
 10-14-04  
 FILED  
 DATE SIGNED

Sharon Savage  
 SIGNATURE OF TREASURER (or person filing this report)

563-263-7477  
 TELEPHONE

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I AM FILING A 7-15-04 to 10-14-04 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
 (report date) Indicate one  1

- CHECK IF AMENDMENT TO REPORT DATED See amended report
- 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

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<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>20,297.87</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL .....	\$ <u>25,794.02</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>8,458.08</u>
Schedule F: Loan Repayments total (Attach Schedule F)		_____
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>17,335.94</u>

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) ..... \$ \_\_\_\_\_

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 1,573.65

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... \$ \_\_\_\_\_

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

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

For Instructions, See Back of Form

Reset Form

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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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
7/14/04	ID# CK#	Mary Ann Kopp 3116 Tipton Road Muscatine, Ia. 52761		\$ 25-	<input type="checkbox"/>
7/14/04	ID# CK#	Julianne Herold 2108 Americana Ave. Muscatine, Ia. 52761		25-	<input type="checkbox"/>
7/27/04	ID# CK#	William J. Clark 1317 Cedar St. Muscatine, Ia. 52761		50-	<input type="checkbox"/>
7/27/04	ID# CK#	Victoria M. Griffiths 411 Parkington Drive Muscatine, Ia. 52761		20-	<input type="checkbox"/>
7/27/04	ID# CK#	William W. Smith 616 Pine St. Muscatine, Ia. 52761	Second Cousin	50-	<input type="checkbox"/>
8/17/04	ID# CK#	John Beckey 1923 N. Tipton Road Muscatine, Ia. 52761		25-	<input type="checkbox"/>
8/17/04	ID# CK#	Duffy De France P.O. Box 806 Muscatine, Ia. 52761		15-	<input type="checkbox"/>
8/17/04	ID# CK#	Raymond G. Frews 100 Logan Street Muscatine, Ia. 52761		25-	<input type="checkbox"/>
8/17/04	ID# CK#	Robert H. Gabbard 2698 Northwood Way Muscatine, Ia. 52761		25-	<input type="checkbox"/>
8/17/04	ID# CK#	Tracy Hatfield 419 1/2 Grandview Ave Muscatine, Ia. 52761		30-	<input type="checkbox"/>
SUB-TOTAL				\$ 290.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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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
8/17/04	ID# CK#	Linda Stiefert 1512 Devitt Muscatine, Ia. 52761		\$ 25-	<input type="checkbox"/>
8/17/04	ID# CK#	Robert Sunderbruch 2225 Imperial Oaks Muscatine, Ia. 52761		50-	<input type="checkbox"/>
9/10/04	ID# CK#	Mary P. Bukta 604 S. 32nd St. Clinton, Ia. 52732		100-	<input checked="" type="checkbox"/>
9/10/04	ID# CK#	Carter Printing - 1739 Grand Ave. Des Moines Ia. 52761 (return of overpayment made to Carter on 7/17)		293.62	<input type="checkbox"/>
9/10/04	ID# CK#	Melissa Goldman 1314 28th St. Howarden, Ia 51023		50-	<input checked="" type="checkbox"/>
9/10/04	ID# CK#	Dee J. Miller 2680 Becky Thatcher Rd Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/10/04	ID# CK#	Jeanine Nepple 2704 Mulberry Ave Muscatine, Ia. 52761		20-	<input checked="" type="checkbox"/>
9/10/04	ID# CK#	Richard & Mary Jo Stanley 516 Hogan Court Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/10/04	ID# CK#	Brian K. Wright 1111 Oak Street Muscatine, Ia. 52761		20-	<input checked="" type="checkbox"/>
9/10/04	ID# CK#	Unitemized Contributions Mailings from P-K Party		52-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$760.62

TOTAL (if last page of this schedule)

\$

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Reset Form

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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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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
9/11/04	ID# CK#	Connie Armstrong 108 Spruce St. Muscatine Iowa 52761		\$ 50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Sharon Butterworth 1715 Pearlview Ct. Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Barbara Collins 301 Fairview Ave. Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Kristine M. Cunlon 600 Walnut St. Muscatine, Ia 52761		100-	<input checked="" type="checkbox"/>
9/14/04	ID# CK#	John Hilus Deason 501 Fairview Ave. Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Duffy De France P.O. Box 856 Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Peter K. De Gabriele 2722 Surrey Court Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Gerald F. Denning 1146 Oakes Drive Iowa City, Ia. 52245-5728		150-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Susan G. Ellis 2048 Mississippi View Drive Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Jill Gddesberry 1203 245th St. Comesville, Ia. 52739		25-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$725.00	
TOTAL (if last page of this schedule)				\$	

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

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathan Reichert*

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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
9/11/04	ID# CK#	Polly Cenna Howard 3220 Tipton Road Muscatine, Ia. 52761		\$ 50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Leonard E. Kallo 415 Fairview Ave. Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Janet Kardux 2478 Hummingbird Ln. Muscatine, Ia. 52761	Cousin	100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Susan L. Koehrsen 510 W. 2nd St. Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Nancy K. Kraft 15140 Magnolia St. Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Robert D. Meredith P.O. Box 8048 Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Larry C. Meyer 1714 Pearlview St. Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Frances Mc Roberts 808 Woodlawn Ave. Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	William H. Mullen 2030 Riverfront Ct. Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Carolyn Ohtendorf 1987 Geneva Hills Rd. Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 710.00

TOTAL (if last page of this schedule)

\$

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

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Elect Nathaw Reichert

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9/11/04	ID# CK#	Conita S. Olson 2006 Burnside Muscatine, Ia. 52761		\$ 25-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Paul D. Ostrom 1907 Green Acres Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Katherine A. Paetz 3221 Mulberry Ave. Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Janet Ransom 2015 Shady Lane Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Reba Q. Patel 314 Broadway Muscatine, Ia. 52761	Great Aunt	50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Pamela A. Sander 5911 -11th Ave. SW. Rochester, MN 55902		25-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Richard Sessler 2019 Mulberry Ave. Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Betty A. Smith 1800 Briarwood Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	William F. Snyder 516 West 2nd St. Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
9/11/04	ID# CK#	Lynn Tavener 2021 Burnside Drive Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 575.00

TOTAL (if last page of this schedule)

\$

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**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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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
9/11/04	ID# CK#	Unitemized Contribution Funktz Party		\$ 95-	<input checked="" type="checkbox"/>
9/14/04	ID# 6113 CK# 002976	AFC SIME / Iowa Council 61 PEOPLE PAC 7320 N.W. 2nd Ave. Des Moines, Ia 50313		250-	<input type="checkbox"/>
9/14/04	ID# 8087 CK# 00430	International Assn. of Fire Fighters 1750 New York Ave. NW. Washington DC. 20006		500-	<input type="checkbox"/>
9/14/04	ID# CK#	Thomas R. Kautz 205 Cherry St. Muscatine, Ia. 52761		225.25	<input type="checkbox"/>
9/14/04	ID# 8020 CK# 2242	Quad City Federation of Labor C.O.P.E. account 311 1/2 21st St. Rock Island, IL. 61201		1000-	<input type="checkbox"/>
9/14/04	ID# CK#	Mike Wiley 204 Mary Place Muscatine, Ia. 52761		10-	<input type="checkbox"/>
9/24/04	ID# CK#	Daphne J. Donald 1559 Washington Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
9/24/04	ID# CK#	Philip E. Fitzgerald 3306 Mulberry Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>
9/24/04	ID# 8077 CK# 00804	Heartland Regional Council of Carpenters Political Action Committee Fund 201 E 3rd St. Sterling, IL. 61081-3045		500-	<input type="checkbox"/>
9/24/04	ID# CK#	Iowa Democratic Party State acct. 5661 Fleur Drive Des Moines, Ia. 50321		2000-	<input type="checkbox"/>
SUB-TOTAL				\$ 4615.25	
TOTAL (if last page of this schedule)				\$	

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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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
9/24/04	ID# CK#	Paul E. Ruden 2420 Bidwell Rd. Muscatine, Ia. 52761		\$ 25-	<input checked="" type="checkbox"/>
9/24/04	ID# CK#	Helen Van Hoozer 3302 Mackinac Ct. P.O. Box 1081 Muscatine, Ia. 52761		30	<input checked="" type="checkbox"/>
9/24/04	ID# CK#	Unitemized Contribution from Teacher Event		10-	<input checked="" type="checkbox"/>
10/1/04	ID# 8267 CK# 356458	Active Ballot General Fund United Food + Commercial Workers Int. Union AFL-CIO/CLC 1775 K St. NW. Washington DC - 20006-1598		1000-	<input type="checkbox"/>
10/1/04	ID# 6046 CK# 3869	Justice for All PAC - Formerly the Help Trust 50309-4091 218 - 6th Ave St E 526 Des Moines, Ia 50309-4091		1000-	<input type="checkbox"/>
10/1/04	ID# CK#	David Maeglin 1426 Plum St. Ia. City, Ia. 52240		50-	<input type="checkbox"/>
10/2/04	ID# 8026 CK# 07365	International Brotherhood of Electrical Workers Educational Committee 1125 15th St. NW. Washington DC: 20005		100-	<input type="checkbox"/>
10/2/04	ID# CK#	Thomas F. Kautz 205 Cherry St. Muscatine, Ia. 52761		20-	<input type="checkbox"/>
10/2/04	ID# CK#	George J. Lindle 820 Fuller St. Muscatine, Ia. 52761		20-	<input type="checkbox"/>
10/6/04	ID# CK#	Jo Ann Allbee 27 Colony Drive Muscatine, Ia. 52761		10-	<input type="checkbox"/>

SUB-TOTAL

2,265.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

Reset Form

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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathan Berchert*

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#	James C. Beach 1727 Pearlview Court Muscatine, Ia. 52761		\$ 20-	<input type="checkbox"/>
10/6/04	ID# CK#	Rochelle J. Conway 3284 Hwy 22 Muscatine, Ia. 52761		10-	<input type="checkbox"/>
10/6/04	ID# CK#	Democracy for America P.O. Box 8313 Burlington, VT 05402-8313		3,000-	<input type="checkbox"/>
10/6/04	ID# CK#	Vera Edwards 3020 Tipton Rd. Muscatine, Ia. 52761		20-	<input type="checkbox"/>
10/6/04	ID# CK#	Michelle Heller 208 W. 2nd St. Muscatine, Ia. 52761		10-	<input type="checkbox"/>
10/6/04	ID# CK#	Iowa Democratic Party House Truman Fund 5661 Fleur Dr. Des Moines, Ia 50321-2841		2,000-	<input type="checkbox"/>
10/6/04	ID# CK#	Iowa Laborers Political Action Com. Fund 5806 Mercedith Dr. Suite B Des Moines, Ia 50322		500-	<input type="checkbox"/>
10/6/04	ID# CK#	Sharon L. Kapteina 2656 Beckey Thatcher Rd Muscatine, Ia. 52761		20-	<input type="checkbox"/>
10/6/04	ID# CK#	Operating Engineers Local #234 Political Action Fund - 4880 Hubbell Des Moines, Ia 50316		1000-	<input type="checkbox"/>
10/6/04	ID# CK#	Janet Ransom 2015 Shady Lane Muscatine, Ia. 52761		20-	<input type="checkbox"/>

SUB-TOTAL

\$ 6,600.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

Reset Form

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

**CONTRIBUTIONS – MONEY TAKEN IN**  
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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
10/16/04	ID# CK#	Nicholas H. Patchiff P.O. Box 633 Muscatine, Ia. 52761		\$ 25-	<input type="checkbox"/>
10/16/04	ID# CK#	Noella D. Soenksen 2062 Logan St. Apt 08 Muscatine, Ia. 52761		10-	<input type="checkbox"/>
10/16/04	ID# CK#	Anita K. Zahniser 1017 E. 3rd St. Muscatine, Ia. 52761		50-	<input type="checkbox"/>
10/12/04	ID# 8038 CK# 10356572	Active Ballot Club General Fund United Food Commercial Workers Inter. Union AFL-CIO/CLC 1775 K St., NW, Washington, DC 20006-1598		1000-	<input type="checkbox"/>
10/12/04	ID# CK#	Charles A. Drumm 2475 Hummingbird Lane Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>
10/12/04	ID# CK#	William P. French 2100 Mulberry Ave. Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>
10/12/04	ID# 6086 CK# 13219	ISEA-PAC Iowa State Edu. Assn. Political Action Committee 777 3rd St. Des Moines, Ia 50309		1,500-	<input type="checkbox"/>
10/12/04	ID# CK#	Jennifer Maas 314 Wood Creek Lane Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>
10/12/04	ID# CK#	Robert Sunderbruch 2225 Imperial Oaks Muscatine, Ia. 52761		100-	<input checked="" type="checkbox"/>
10/12/04	ID# CK#	Unitemized Contributor Karduy House Party		17-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2,777.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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
10/13/04	ID# CK#	Eldon E. Benedict 403 W. 3rd St. Muscatine, Ia. 52761		\$ 25-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Joseph L. Bolkcom 728 2nd Ave. Iowa City, Ia. 52245		25-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	J. Keith Brookhart 607 Maiden Lane Muscatine, Ia. 52761		20-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Mary P. Bukta 604 S. 32nd St. Clinton, Ia. 52732		100-	<input type="checkbox"/>
10/13/04	ID# CK#	Sharow Butterworth 1715 Pearlyview Ct. Muscatine, Ia. 52761		20-	<input type="checkbox"/>
10/13/04	ID# CK#	Kara Carlton 113 Easton Park Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Kara Carlton 113 Easton Park Muscatine, Ia. 52761		20-	<input type="checkbox"/>
10/13/04	ID# CK#	Christ Craig Clark 311 Main St. Muscatine, Ia. 52761		40-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Kristine Conlin 600 Walnut St. Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Lanny E. Creamer 101 Cedar Street Fruitland, Ia. 52749-9309		20-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 290.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

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

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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
10/13/04	ID# CK#	Esther J. Dean 319 Myrtle Lane Muscatine, Ia. 52761		\$ 15-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Daphne J. Donald 1559 Washington Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Helen R. Donis 107 Middle Road Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Patricia A. Drake 1819 Green Acre St. Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Elna S. Eis 3498-160th St. Muscatine, Ia. 52761	Grand mother	10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Thomas L. Fiegen 93 Lombard St. Clarence, Ia 52216		25-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Roberta H. Gabbard 2698 Northwood Way Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Tracy Hatfield 419 1/2 Grandview Ave. Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Tracy Hatfield 419 1/2 Grandview Ave. Muscatine, Ia. 52761		20-	<input type="checkbox"/>
10/13/04	ID# CK#	Frank B. Hill 2127 Skylane Drive Muscatine, Ia. 52761		20-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 140.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Peichert*

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
10/13/04	ID# CK#	Alan Jorgensen 2525 W Fullum Ave. Muscatine, Ia. 52761		\$ 10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Beate Keith 808 Climer St. Muscatine, Ia. 52761		20-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Kas Kelly 1548 Washington St. Muscatine Iowa		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Gerhard F Koch, III 1991 Geneva Hills Rd. Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Nancy Kraft 1514 Paulberry Muscatine, Ia. 52761		40-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Earlene Ledford 2396 Hwy 22 Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Bonnie Leonhardt 2037 Captains Ct. Muscatine, Ia. 52761		50-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Helen Jane Lindle 2108 Ridgewood Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Henry Marquard 108 Eagle Watch Rd. Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	James P. McCleary, Jr. 311 Wood Creek Lane Muscatine, Ia. 52761	Father in law	10-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 210.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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
10/13/04	ID# CK#	Frances McRoberts 808 Woodlawn Ave. Muscatine, Ia. 52761		\$ 20-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Jim + Jean Nepple 2704 Mulberry Ave. Muscatine, Ia. 52761		20-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Tjode Nus 1813 Glenwood Lane Muscatine, Ia. 52761		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Richard P. Oberhaus 404 Myrtle Lane Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Jean Marie Pardee 608 Meadowview Dr. Clinton, Ia. 52732		10-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Delores R. Pullum 1310 James Place Muscatine, Ia. 52761		25-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Reba Kattel 314 Broadway Muscatine, Ia. 52761	Great Aunt	20-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Elmer Reichert 3362 Tipton Rd Muscatine, Ia. 52761	Grandfather	20-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Sharon + Tom Savage 515 Lorenz Muscatine, Ia. 52761		20-	<input checked="" type="checkbox"/>
10/13/04	ID# CK#	Mary Ann Tooman 205 W 6th St. Muscatine, Ia. 52761		20-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 190.00  
\$

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathan Reichert*

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
7/16/04	ID# CK#	Carter Printing 1739 East Grand Ave Des Moines, Ia 50316	Letterhead Cards	\$754.72
7/16/04	ID# CK#	Madd Creek Mercantile 216 W. 2nd St. Muscatine, Ia. 52761	Room Rental FOOD for event 7/12	646.60
7/17/04	ID# CK#	Barnyard Screen Printer Box 188 1065 Jackson St. Lisbon, Ia 52253-0188	T-shirts	190.89
7/17/04	ID# CK#	Carter Printing 1739 East Grand Ave. Des Moines, Ia 50316	Roll Labels	293.62
9/19/04	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, Ia 50316	Envelopes Bus. Cards Invitations	513.51
9/23/04	ID# CK#	State Ia Dem. Party 1408 Locust St. Des Moines, Ia.	Donation	4000.00
9/25/04	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, Ia	Representation Postcard	296.80
	ID# CK#	Sycamore Printing 1166 Iowa Ave. Muscatine, Ia 52761	OKtoberfest Flyers	56.18
SUB-TOTAL				\$ <del>6752.38</del>
TOTAL (if last page of this schedule)				\$

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

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Committee to Elect Nathaw Reichert*

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
10/2/04	ID# CK#	<i>Carter Printing 1739 E. Grand Ave. Des Moines, Ia 50316</i>	<i>Cowboy Cards Brochures</i>	<i>\$609.50</i>
10/13/04	ID# CK#	<i>Linda Reichert 3482 Tipton Rd. Muscatine, Ia 52761</i>	<i>Postage: 9-28 = 74.40 4-27 = 346.40 9-23 = 205.92 9-29 = 37.00 9-29 = 23.00 9-29 = 37.00 10# = 46.00 10/4 = 46.00</i>	<i>865.72</i>
10/13/04	ID# CK#	<i>Linda Reichert "</i>	<i>OCTOBER-FEST Food Brats .89, 72 Ordes 5.00 lays 6.68 Kraut 2.98 charcoal 5.99 water 3.88 mustard 1.69 + 1.65 cake 2.00 ice cream 5.98</i>	<i>126.96</i>
10/13/04	ID# CK#	<i>Linglan Reichert "</i>	<i>musicians for Oktoberfest 40.00</i>	
10/13/04	ID# CK#	<i>Linda Reichert "</i>	<i>mailing of 10/6</i>	<i>63.52</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ *1705.70*  
TOTAL (if last page of this schedule) \$ *8458.08*

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**  
Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)  
Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Elect Nathan Reichert

Reset Form

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9/11/04	Tom + Cindy Kautz 205 Cherry St. Muscatine, Ia. 52761		Food Beveridge	\$ 850	<input type="checkbox"/>
9/10/04	Larry + Kathy Meyer 1714 Pearlview St. Muscatine, Ia. 52761		Rootbeer food Buys	75-	<input type="checkbox"/>
9/18/04	Melissa Brookhart 5318 27th St. N. Arlington, Va. 22207	Sister	Card Stock	18.80	<input type="checkbox"/>
9/22/04	Melissa Brookhart "	"	6 Boxes of Envs.	83.10	<input type="checkbox"/>
9/23/04	Melissa Brookhart "	"	Postage	46.75	<input type="checkbox"/>
9/24/04	Randy Naber 402 E 8th St. Muscatine, Ia. 52761		Buffet Drinks	200-	<input type="checkbox"/>
10/10/04	Janet Kardux 2478 Hummingbird Ln. Muscatine, Ia. 52761	Cousin	Postage food	300-	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$  
 TOTAL (if last page of this schedule) \$ 1573.65

\*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.