

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1518
Logged in	SW
Scanned	
Computer	
Audited	

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

Dot Richards for State House

IMPORTANT: Indicate type of committee you are reporting for: 1

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Dot Richards	Rep
Office Sought	District (if Senate or House)
State House	85

ETHICS & CAMPAIGN DISCLOSURE BOARD

OCT 18 2004

FILED MD

10-14-04

DATE SIGNED

Paul Holken

SIGNATURE OF TREASURER (or person filing this report)

563-386-2201

TELEPHONE

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

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

CHECK IF AMENDMENT TO REPORT DATED _____

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

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

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) \$ 2653.59

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 6104.68

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 8758.27

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 3450.66

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) \$ 5307.61

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 475.85

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

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

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Dot Richards for State House

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
7-19-04	ID# CK#	Mona Martin 1504 W. 29th St Davenport, Ia 52804		\$ 50.00	<input type="checkbox"/>
7-19-04	ID# CK#	Unitemized		\$ 39.00	<input type="checkbox"/>
7-26-04	ID# CK#	Mark Maxwell 4622 N.E. 28th Ct Des Moines, Ia 50317		\$100.00	<input type="checkbox"/>
7-30-04	ID# CK#	Henry Rasmussen 3460 Oakory Lane Bettendorf, Ia 52752		\$100.00	<input type="checkbox"/>
8-1-04	ID# CK#	River City Community C.U. 902 W. Kimberly Rd #29 Davenport, Ia 52806		\$1.08	<input type="checkbox"/>
8-16-04	ID# CK#	Timothy Koehler 584 S. Main St Walcott, Ia 52773		\$100.00	<input type="checkbox"/>
8-16-04	ID# CK#	Steve Reynolds 1034 W. 14th St Davenport, Ia 52804		\$20.00	<input type="checkbox"/>
8-16-04	ID# 6027 CK# 2247	Deere Pac Iowa 666 Grand Ave Suite #1707 Des Moines, Ia 50309		\$500.00	<input type="checkbox"/>
8-17-04	ID# 9075 CK#	Commonwealth Pac P.O. Box 1780 Birmingham, Mi 48012		\$1000.00	<input type="checkbox"/>
8-20-04	ID# CK#	Tim Donnerly 3029 Arlington Davenport, Ia		\$20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1930.08	
TOTAL (if last page of this schedule)				\$	

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

For Instructions, See Back of Form



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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Dot Richards for State House

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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
8-20-04	ID# CK#	Bob & Deb Tappendorf 4410 Ricker Hill Rd Davenport, Ia 52802		\$25.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Dorothy Griebel P.O. Box 44 New Liberty, Ia		\$50.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Bob & Maddy Tappendorf 3510 Telegraph Rd Davenport, Ia 52804		\$25.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	John Long 4422 State St Lot 30C Bettendorf, Ia 52722		\$10.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Al Parris 701 Stage Coach Trail LeClaire, Ia		\$20.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Bill & Donna McGill 4130 Rollinghill Dr Bettendorf, Ia 52722		\$20.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Denny Waddell 2119-21st St Rock Island, Il		\$20.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Gene Weaver 203 W. 17th Ave Ct Coal Valley, Il		\$10.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Bonnie Afflinger 18239-242nd Ave Bettendorf, Ia 52722		\$20.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	John Gilliam 24821-191st St Bettendorf, Ia		\$13.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 213.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Dot Richards for State House

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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
8-20-04	ID# CK#	Tim Bribresco 1603 Mississippi Ave Davenport, Ia		\$20.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Ken Brinkley 18239-242nd Ave Bettendorf, Ia 52722		\$50.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	Carolyn Kummell 1103 N. Elmwood Ave Davenport, Ia		\$10.00	<input checked="" type="checkbox"/>
8-20-04	ID# CK#	unitemized		\$75.00	<input checked="" type="checkbox"/>
8-31-04	ID# 6155 CK# 4181	Taxpayers Inited 2610 Park Ave Muscatine, Ia 52761		\$500.00	<input type="checkbox"/>
9-3-04	ID# 6155 CK# 4232	Taxpayers United 2610 Park Ave Muscatine, Ia 52761		\$500.00	<input type="checkbox"/>
9-14-04	ID# CK#	Robert Batchelor 2832 Sheridan St Davenport, Ia 52804		\$50.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Roehlk Concrete Cost. Ron & Roberta Roehlk 3742 N. Fairmont Davenport, Ia 52806		\$100.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Greg Stalker 1702 Emerald Dr Davenport, Ia 52804		\$20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1325.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Dot Richards for State House

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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
9-14-04	ID# CK#	Patsy & Gary Woodworth 3536 W. Hayes St Davenport, Ia 52804		\$50.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Gary Stodder 1440 W. Garfield Davenport, Ia 52804		\$25.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Robert & Geneva Green 654 Waverly Rd Davenport, Ia 52804	parents	\$100.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Bill & Betty Goodworth 3112 Carey Ave Davenport, Ia 52803		\$25.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Jim & Mary VanFossen #13 Enchanted Island Davenport, Ia 52802		\$25.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	John Gumpert Sr 3224 W. Lombard Davenport, Ia 52804		\$25.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Henry & Judith Huney 7027 Holdorf Dr Blue Grass, Ia 52726		\$15.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Dah Vance 2449 W. 13th St Davenport, Ia 52804		\$25.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Richard & Mary Golinghorst 16924-70th Ave Walcott, Ia 52773		\$25.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Brad & Deb Neff 1623 W. 16th St Davenport, Ia 52804		\$50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$365.00	
TOTAL (if last page of this schedule)				\$	

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
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9-14-04	ID# CK#	Pat & DuWayne Helkenn 2526 Sheffield Dr Davenport, Ia 52806		\$40.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	Greg Adamson 4260 Winston Place Bettendorf, Ia 52722		\$20.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	David Woods 5716 Oak Brook Rd Davenport, Ia 52806		\$5.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	unitemized		\$67.00	<input checked="" type="checkbox"/>
9-17-04	ID# CK#	John Shenk 1730 Harmony Ct Bettendorf, Ia 52722		\$50.00	<input type="checkbox"/>
9-17-04	ID# CK#	Cal Werner 25370 E. Valley Dr Bettendorf, Ia 52722		\$50.00	<input type="checkbox"/>
9-18-04	ID# CK#	Michael & Mary Kim Whalen 2140 St Andrews Circle Bettendorf, Ia 52722		\$50.00	<input type="checkbox"/>
9-19-04	ID# CK#	Deb & Steve Kroeger 309 N. 6th St Eldridge, Ia 52748		\$25.00	<input type="checkbox"/>
9-20-04	ID# CK#	Deb Kroeger 309 N. 6th St Eldridge, Ia 52748		\$100.00	<input type="checkbox"/>
9-20-04	ID# CK#	James Getman 2618 Wilkes Ave Davenport, Ia 52804		\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$432.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Dot Richards for State House

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9-20-04	ID# CK#	Michael Duffy P.O. Box 4511 Davenport, Ia 52808		\$100.00 \$	<input type="checkbox"/>
9-20-04	ID# CK#	James Lardner 2752 Nichols Lane Davenport, Ia 52803		\$50.00	<input type="checkbox"/>
9-20-04	ID# CK#	Richard Miller 3730 Fair Ave Davenport, Ia 52806		\$50.00	<input type="checkbox"/>
9-20-04	ID# CK#	Jennifer Nicely SSS Inc 220 N. Pine St Davenport, Ia 52802		\$50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
9-21-04	ID# CK#	Robert McCabe 1610 Rineacre Ave Davenport, Ia 52803		\$25.00	<input type="checkbox"/>
9-21-04	ID# CK#	Roger Mall 2605 Westwood Place Davenport, Ia 52804		\$30.00	<input type="checkbox"/>
9-22-04	ID# CK#	Thomas & Judith Sunderbruch 2138 W. Hayes St Davenport, Ia 52804		\$100.00	<input type="checkbox"/>
9-28-04	ID# CK#	Hugh Stafford 6125 Valley Dr Bettendorf, Ia 52722		\$50.00	<input type="checkbox"/>
9-28-04	ID# 6155 CK# 4313	Taxpayers United P.O. Box 209 Muscatine, Ia 52761		\$500.00	<input type="checkbox"/>
SUB-TOTAL				\$955.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Dot Richards for State House

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10-4-04	ID# 6155 CK# 4357	Taxpayers United P.O. Box 209 Muscatine, Ia 52761		\$500.00 \$	<input type="checkbox"/>
10-7-04	ID# CK#	H.W. & Linda Miller 6766 Ridges Ct Bettendorf, Ia 52722		\$25.00	<input type="checkbox"/>
10-8-04	ID# 6237 CK# 1689	A.B.A.T.E. Pac 3118 Eastern Ave Cedar Rapids, Ia 52402		\$250.00	<input type="checkbox"/>
10-1-04	ID# CK#	Lee & Lucreta Schneider 3113 Canal Shore Dr. W. LeClaire, Ia 52753		\$100.00	<input type="checkbox"/>
9-7-04	ID# CK#	River City Community C.U. 902 W. Kimberly Rd Davenport, Ia 52806		.92	<input type="checkbox"/>
10-12-04	ID# CK#	Unitemized		\$6.87	<input type="checkbox"/>
10-12-04	ID# CK#	River City C.U. 902 W. Kimberly Rd #29 Davenport, Ia 52806	interest	\$1.81	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 884.60	
TOTAL (if last page of this schedule)				\$6104.68	

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Dot Richards for State House

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
7-20-04	ID# CK#	Victory Store .com 5200 S.W. 30th St #7 Davenport, Ia 52802	brochures	\$1203.75 \$
7-30-04	ID# CK#	Terri Hall 1611 George Wash Blvd Davenport, Ia 52804	flyers for fund raiser	\$8.50
8-9-04	ID# CK#	Hale Printing 4662 W. Kimberly Rd Davenport, Ia 52806	note pads	\$524.30
8-12-04	ID# CK#	Scott County Rep. Party	Rep. rally Dot & Terri	\$50.00
8-15-04	ID# CK#	Terri Hall 1611 George Wash Blvd Davenport, Ia 52804	copies for fund raiser	\$16.51
8-26-04	ID# CK#	Terri Hall 1611 Geo Wash Blvd Davenport, Ia 52804	horsd'oueres for fund raiser	\$18.36
9-14-04	ID# CK#	Rusty Nail 2606 W. Locust St Davenport, Ia 52804	horsd'oueres for fund raiser	\$117.00
9-14-04	ID# CK#	Terri Hall 1611 Geo Wash Blvd Davenport, Ia 52804	fund raiser items	\$7.38
SUB-TOTAL				\$ 1945.80
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).)

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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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Dot Richards for State House

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
9-14-04	ID# CK#	DuWayne Helkenn 2526 Sheffield Dr Davenport, Ia 5280	Pop for fund raiser	\$11.25
9-16-04	ID# CK#	Scott Printing & Design (postcards) 1112 Iowa St Dubuque, Ia 52001		\$136.16
9-17-04	ID# CK#	Postmaster N.W. Station Davenport, Ia 52806	stamps for postcards	\$103.50
9-22-04	ID# CK#	Kinko's 110 E. 50th St Davenport, Ia 52806	postcards	\$69.98
9-22-04	ID# CK#	Postmaster Main St Station Davenport, Ia 52806	stamps for postcards	\$138.00
9-23-04	ID# CK#	Postmaster N.W. Station Davenport, Ia 52806	stamps for postcards	\$138.00
9-29-04	ID# CK#	Victory Store.Com 5200 S.W. 30th St Davenport, Ia 52802	signs	\$431.21
9-30-04	ID# CK#	Victory Store,Com 5200 S.W. 30th St Davenport, Ia 52802	letters	\$153.76
SUB-TOTAL				\$ 1181.86
TOTAL (If last page of this schedule)				\$

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Dot Richards for State House

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
10-1-04	ID# CK#	Postmaster Dav Main PO Davenport, Ia 52802	stamps	\$46.00 \$
10-7-04	ID# CK#	Postmaster Dav Main PO Davenport, Ia 52802	stamps	\$46.00
9-13-04	ID# CK#	Postmaster Dav Main PO Davenport, Ia 52802	stamps	\$185.00
10-12-04	ID# CK#	Postmaster Dav NW Station Dav, Ia 52806	stamps	\$46.00
	ID# CK#			
SUB-TOTAL				\$ 323.00
TOTAL (if last page of this schedule)				\$ 3450.66

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)

Dot Richard for State House

Reset Form

SCHEDULE E (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
8-2-04	Dot Richards 2805 W. 47th St Davenport, Ia 52806	candidate	copies	\$.80	<input type="checkbox"/>
8-19-04	Republican Party Iowa 621-E. 9th St Des Moines, Ia 50309		copywriting	\$110.00	<input type="checkbox"/>
9-16-04	Pat & DuWayne Helkenn 2526 Sheffield Dr Davenport, Ia 52806		posts for signs	\$5.05	<input type="checkbox"/>
10-8-04	Pat Helkenn 2526 Sheffield Dr Davenport, Ia 52806		thank you notes	\$10.00	<input type="checkbox"/>
10-12-04	Republican Party of Iowa 621-E. 9th Des Moines, Ia 50309		copywriting	\$300.00	<input type="checkbox"/>
10-13-04	Pat Helkenn 2526 Sheffield Dr Davenport, Ia 52806		thank you notes, sandy, halloween bags	\$50.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
					475.85
TOTAL (if last page of this schedule)				\$	
					475.85

*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.