

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
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For Office Use Only

Comm. # 1365

Indexed g

Audited _____

Computer _____

SW

ETHICS & CAMPAIGN DISCLOSURE BOARD

JCT 28 2004

FILED pm 10:27

10-28-04

DATE SIGNED

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

Dennis for Iowa 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
- (8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Ervin A. Dennis

Political Party

Republican

Office Sought

House of Rep. #19

District (If Senate or House)

#19

B. Lavada Dennis
SIGNATURE OF TREASURER (or person filing this report)

319-266-8432
TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

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 _____

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>13,494.45</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>34,190.</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>47,684.45</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...		<u>31,804.01</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>\$15,880.44</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	_____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>1,000.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>14,110.32</u>

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

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)
Dennis for Iowa 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 FUJ RAK INCC
10-15-04	ID# C90347641 CK# 1164	Iowa Priorities Action Comm. "Iowa Pac" PO Box 35 Manchester, IA 52037		\$ 500. ⁰⁰	
10-15-04	ID# CK# 8890	Dennis - Alma Bigelow 3909 Beaver Ridge Cir. Cedar falls, IA 50613		25. ⁰⁰	
10-15-04	ID# CK# 5064	Floyd - Sherry Winter 2710 Abraham Drive Cedar falls, IA 50613		100.00	
10-15-04	ID# CK# 1119	James T. - Carolyn Hamrock 2507 Willow Lane Cedar falls, IA 50613		25.00	
10-15-04	ID# 6323 CK# 2888	Master Builders of Iowa PO Box 695 Des Moines, IA 50303		1,000. ⁰⁰	
10-18-04	ID# 6008 CK# 2115	Associated Builders & Contractors of Iowa 475 Alices Rd. Ste A Waukegan, IA 50263-9637		300. ⁰⁰	
10-18-04	ID# CK#	Cash		20.00	
10-18-04	ID# CK# 6951	John - Doris Nero 1821 W. 3rd Cedar falls, IA 50613		20.00	
10-18-04	ID# CK# 1696	Dean - Lois Wishmeyer 212 Iris Dr. Cedar falls, IA 50613		20.00	
10-19-04	ID# CK# 1189	Shirley M. Harris 2613 Alameda Cedar falls, IA 50613-5948		25.00	

SUB-TOTAL \$ 2035.⁰⁰

TOTAL (if last page of this schedule) \$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Dennis for Iowa 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
10-19-04	ID# CK# 3576	Mary Lou Knight 3614 Alameda St. Cedar falls, IA 50613		\$ 25.00	<input type="checkbox"/>
10-19-04	ID# CK# 7220	Homer - Eunice Larsen 1013 Ellen St. Cedar falls, IA 50613		25.00	<input type="checkbox"/>
10-19-04	ID# CK# 5095	Donald - Jean Richardson 1421 W. Ridgewood Dr Cedar falls IA 50613-4547		25.00	<input type="checkbox"/>
10-19-04	ID# 6291 CK# 2292	Iowa Hospital Assoc. 100 E Grand - Suite 100 Des Moines IA 50309		500.00	<input type="checkbox"/>
10-19-04	ID# 6125 CK# 2417	Iowa Realtors 1370 NW 114th Suite 100 Clive, IA 50325		2,000 ⁰⁰	<input type="checkbox"/>
10-19-04	ID# 6004 CK# 4243	Associated General Contractors 701 E. Court Ave Des Moines IA 50309-4901		2,000 ⁰⁰	<input type="checkbox"/>
10-19-04	ID# 6082 CK# 1076	Midamerican Energy Co 666 Grand Ave Box 657 Des Moines IA 50308-0657		500. ⁻	<input type="checkbox"/>
10-19-04	ID# 6069 CK# 2239	Iowa Industry Political 904 Walnut Suite 100 Des Moines IA 50309-3523		250. ⁰⁰	<input type="checkbox"/>
10-19-04	ID# 6056 CK# 3367	Bankers Unite in Leg. 8800 NW 62nd Ave Johnston IA 50131-6200		1,000 ⁰⁰	<input type="checkbox"/>
10-19-04	ID# 6101 CK# 3114	Motor Carriers PO Box 6121 East Des Moines Stn. Des Moines, IA 50309		1,000 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 7325	
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)
Dennis for Iowa 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.

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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 FUJRAK INCC
10-19-04	ID# CK# 7231	D. D. Riehle 1000 W. 18 th St. Cedar Falls IA 50613 - 3604		\$ 10.00	
10-19-04	ID# CK# 7714	Earl - Joan Rogers 2705 McClain Dr. Cedar Falls, IA 50613		10.00	
10-19-04	ID# CK# 4331	Barbara J. Fischer 209 N. Roosevelt St E Cedar Falls IA 50613		80.00	
10-20-04	ID# CK# 2935	Dick Broadie 1507 W. 12 th Cedar Falls IA 50613		10.00	
10-20-04	ID# 6378 CK# 1178	1-Vet Pac 5921 Fleur Dr. Des Moines IA 50321		100.00	
10-20-04	ID# CK# 1627	James Cynthia Kenyon 3023 Winter Ridge Rd. Cedar Falls IA 50613		100.00	
10-20-04	ID# CK# 7309	Charles - Marleta Matheson 284 Clark Dr. C.F. IA 50613		50.00	
10-20-04	ID# 8442 CK# 1105	The Hawkeye Pac PO Box 7255 Des Moines IA 50309		17,500 ⁰⁰	
10-21-04	ID# CK# 7257	Larry - Lorraine Elliott 1903 Grand Blvd Cedar Falls IA 50613 - 4110		25.00	
10-21-04	ID# 6237 CK# 1721	ABATEPAC 3118 Eastern Ave NE Cedar Rapids IA 52402		250.00	

SUB-TOTAL \$ 18,135.00

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)

Dennis for Iowa 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 FUJRAK INCC
10-21-04	ID# CK# 2129	James A. McCutcheon 2313 Hawthorne Dr. Cedar falls IA 50613-4703		\$ 2850. ⁰⁰	
10-22-04	ID# CK# 9096	Christina B. Bauch 1103 Franklin Cedar falls IA 50613		50.00	
10-22-04	ID# CK# 8392	Bob - Becky Hardman 1015 Columbia Dr. Cedar falls IA 50613		25.00	
10-22-04	ID# 6118 CK# 2137	Iowa Optometric Assoc 1454 30th st. STE 204 West Des Moines IA 50266		200. ⁰⁰	
10-23-04	ID# CK# 6105	Mikkil - Janet Mandt 2309 Grand Blvd Cedar falls IA 50613		50.00	
10-24-04	ID# 6272 CK# 1060	SPOC Pac Fund PO Box 1331 Des Moines IA 50613		50.00	
10-25-04	ID# 6056 CK# 3385	Bankers Unite in Legislative 8800 NW 62nd Ave Johnston IA 50131-6200		3,000. ⁰⁰	
10-25-04	ID# CK# 531	Dr. Ronald E. King 74 River Ridge Rd Cedar falls IA 50613		25.00	
10-25-04	ID# CK# 7816	Scott - Judy Kieffer 2421 Greenwood Ave Cedar falls IA 50613-4521		50.00	
10-25-04	ID# CK# 6936	Robert - Mary Hogan 113 Cedar Crest Drive Cedar falls IA 50613		25.00	
SUB-TOTAL				\$ 6325. ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	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)
Dennis for Iowa 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.

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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 FUJ RAIS INCC
10-25-04	ID# CK# 7217	Richard - Diana Svobodny 4115 Eastpark Rd. Cedar falls, IA 50613		\$ 25.00	
10-25-04	ID# CK# 118	James - Roberta Bodensteiner 2104 Four Winds Dr. Cedar falls, IA 50613-6435		20.00	
10-25-04	ID# CK# 1089	Donald D. Wood 3214 Abraham Dr. Cedar falls, IA 50613		200.00	
10-26-04	ID# CK# 2022	Russell Knoll 2225 Pine St Cedar falls, IA 50613		50.00	
10-26-04	ID# CK# 438	Margaret Willoughby 1100 Grove St. Cedar falls, IA 50613		25.00	
10-26-04	ID# CK# 8202	John - Michelle Luzaich 1103 Parkway Ave Cedar falls, IA 50613-2160		50.00	
	ID# CK#				
SUB-TOTAL				\$ 370.00	
TOTAL (if last page of this schedule)				\$ 34,190.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<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)

Dennis for Iowa 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
10-18-04	ID# CK# 1163	Gene Scheel 3100 Shady Lane Cedar Falls, IA 50613	Additional yard sign expenses	\$ 210.16
10-20-04	ID# CK# 1164	Waterloo - CF Courier Waterloo, IA 50701	Newspaper Ads	637.00
10-20-04	ID# CK# 1165	The Radio Group	Radio Ads	325.37
10-20-04	ID# CK# 1166	Cedar falls Cable Vision 2711 1/2 Parkway, Cedar Falls	TV Ads	4804.20
10-30-04	ID# CK# 1167	Legislative Majority Fund Des Moines, IA	TV Ads	17,500.-
10-21-04	ID# CK# 1168	Postmaster Waterloo, IA 50701	Postage to send out 11,684 brochures	2593.85
10-21-04	ID# CK# 1169	Farm Bureau Spokesman PO Box 670 Iowa falls, IA 50126	Newspaper ads	150.00
10-21-04	ID# CK# 1170	Postmaster Cedar falls, IA 50613	Stamps - Postage	75.75
SUB-TOTAL				\$ 26,296.33
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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONET EXPENDI
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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.

CHECK THIS BOX AMENDING FOR

COMMITTEE NAME (Must be same as on Statement of Organization)
Dennis for Iowa 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
10-21-04	ID# CK# 1171	Postmaster Cedar falls	Stamps	\$ 74.00
10-21-04	ID# CK# 1172	The Radio Group 514 Jefferson St. Waterloo, IA 50701	Radio Ads	3452.7
10-22-04	ID# CK# 1173	Cedar falls Times 315 main st Cedar falls, IA 50613	Newspaper Ads	210.00
10-22-04	ID# CK# 1174	Cornucopius Radio Group The Black Building #300 Waterloo, IA 50701	Radio Ads	646.96
10-22-04	ID# CK# 1175	Congdon Printing 115 E. Second St. Cedar falls IA	11,800 Re-election cards	1,019.26
10-26-04	ID# CK# 1176	UNI Northern Iowa 271 Campus Cedar falls, IA 50614	Newspaper Ad.	104.80
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 5507.68

TOTAL (if last page of this schedule) \$ 31804.01

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).)

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAY
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Dennis for Iowa State House

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
 TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 14,110.32

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
			\$

TOTAL (PART I) \$ _____

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 REPAY
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E - TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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