FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT

For Office Use Only
Comm. # 607
Logged In
Scanned
Computer
Audited

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

Hoffmann for State Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

NOV 9 2005
pm 11-7

Late reports are subject to possible civil and criminal penalties.

Robert W. Sarliben, Treas. (712) 255-3450 10/26/2005

SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A 1/1/2004 to 12/31/2004 1-19-05 REPORT FOR (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate by # 2

☐ 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 DR-3 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. (Total of all funds 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.) ..... $ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

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

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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) ..... $ -0-

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

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

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

CONSULTANT BREAKDOWN (Schedule G Attached?) ___ YES X NO

CANDIDATE COMMITTEES ONLY:

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

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Hoffmann for State Senate Committee

Reset Form

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
12/31/04	Ray Hoffmann 1902 Jackson Sioux City IA 51104	Husband	Loans Forgiven	$ 8000.00	☐
12/31/04	Ray Hoffmann 1902 Jackson Sioux City IA 51104	Husband	Loans Forgiven	3697.85	☐
12/31/04	Ray Hoffmann 1902 Jackson Sioux City IA 51104	Husband	Loans Forgiven	720.98	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$	
			TOTAL (if last page of this schedule)	$ 12418.83	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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

☐ CHECK THIS BOX IF AMENDING FORM

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

Hoffmann for State Senate Committee

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 720.98

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
CONVERT UNPAID BILLS TO LOANS:			$
12/30/04	Ray Hoffmann 1902 Jackson Sioux City IA 51104	Husband	8000.00
12/31/04	Ray Hoffmann 1902 Jackson Sioux City IA 51104	Husband	3697.85

TOTAL *(PART I)* $ 11,697.85

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)* $ _____

From Schedule E -- TOTAL LOANS FORGIVEN $ 12,418.83

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ -0-

*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 when it applies.

Page_____ of _____
(for Schedule F)

1. Campaign Information
   CAMPAIGN NAME: Hoffmann for State Senate Committee
   ORGANIZATION FORMED ON: February 27, 1998
   BEGAN FILING REPORTS ON: May 19, 1998

2. Outstanding Debts Overview
   A. $6,934.45 bill from the Copy Shop, 628 Harrison Street, Davenport, IA 52807.
      This was a bill we were expecting to receive, but never did. It was a reporting error as we reported this bill without ever receiving an actual invoice. Several attempts to contact the company to clarify and resolve the situation have failed because the company no longer exists or is in operation. We don't know if we even actually ever owed them this money. We will amend our report for period 10/28/98 to 12/31/98 to take this bill off and therefore show no debt.

   B. $3,697.85 bill from EBI Video, 5500 Tremont Street, Suite 102, Davenport, IA 52807.
      This bill has been paid. We sent a check to pay the bill several years ago. All recent attempts to reach EBI to help clarify the situation have failed because the company no longer exists. This was also a reporting error, as our reports should have indicated that the bill was paid. We will amend our report for the year ending 12/31/2000 to show the bill being paid.

   C. $8,000.00 loan from Ray Hoffmann (husband).
      We are filing our financial disclosure reports to show that all debts from Ray Hoffmann are being switched to a contribution per reports for the year ending 12/31/2004.

3. Current Situation
   We had not addressed this situation sooner because for years we believed these matters to be closed. We have taken every effort to ensure debts have been paid. We will amend our latest report and any subsequent reports necessary to ensure that all information is accurate to the reading of the law.

I Kathleen L. Hoffmann do affirm and swear that the above statements are true to the fullest of my knowledge. I, the undersigned, understand that this assertion is subject to the penalty's of perjury under Iowa law.

Kathleen L. Hoffmann

NOV 9 2005
p.m. 11-7

Notice of Dissolution

Reset Form

Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319

FORM (Rev. 07/03)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 607
Indexed
Audited
Computer
Certified Date of Dissolution

COMMITTEE NAME

Hoffmann for State Senate Committee
Official Name of Committee

1902 Jackson Street
Street

Sioux City IA 51104
City, State, Zip Code

(712 233-2220
Area Code Telephone

NOV 9 2005
P.M. 11-7

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

10-28-05
Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT

For Office Use Only
Comm. # 607
Logged In
Scanned
Computer
Audited

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

Hoffmann for State Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: [1]
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

NOV 9 2005
P.M. 11-7

Late reports are subject to possible civil and criminal penalties.

Robert W Sarlikin Treas. (712) 255-3450 10/26/2005

SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A 1/1/00 to 12/31/00 1-19-01 Report REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate by # [2]

[X] CHECK IF AMENDMENT TO REPORT DATED 1/1/00 to 12/31/00

[ ] Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 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. (Total of all funds 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.) ..... $ 408.78

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

Schedule F: Loans Received total (Attach Schedule F) ..... -

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 408.78

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 89.88

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) ..... $ 318.90

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ 11,697.85

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

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ 950.00

CONSULTANT BREAKDOWN (Schedule G Attached?) X YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ None

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM NO CHANGE	

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)*

HOFFMANN FOR STATE SENATE COMMITTEE

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
1/31/00 to 12/31/00	ID# CK#	Wells Fargo Bank Sioux City, IA	Bank Service Charges	$ 89.88
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL *(If last page of this schedule)*	$ 89.88

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)(l).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
☒ CHECK THIS BOX IF AMENDING FORM	

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

Hoffmann for State Senate Committee

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/16/98	Ray Hoffmann 1902 Jackson Sioux City IA 51104	Paid for media time placement	$ 8000.00
11/2/00	Ray Hoffmann 1902 Jackson Sioux City IA 51104	Paid for media placement	3697.85
		SUB-TOTAL	$ 11697.85
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	$ 11697.85

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM
No change

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

HOFFMANN FOR STATE SENATE COMMITTEE

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 950.00

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 REPAID
			$

TOTAL CASH REPAYMENTS *(PART II)* **$** _____

From Schedule E -- TOTAL LOANS FORGIVEN **$** _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD **$** 950.00

*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 when it applies.

FOR INSTRUCTIONS, SEE BACK OF FORM

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT

☐ CHECK THIS BOX IF AMENDING FORM

No change

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

HOFAMANN FOR STATE SENATE COMMITTEE

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant: EBI Video Inc./Victory Media

Mailing Address: 5000 Tremont, Suite 102

City: Davenport, State: IA, Zip Code: 52807

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 10/20/98 To 11/2/98	$ 3,697.85

ESTIMATES OF PERFORMANCE

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (*Disbursement*) WAS MADE	PURPOSE	AMOUNT EXPENDED
			$

SUB-TOTAL $

TOTAL (If last page of this schedule) $

Page 1 of 1 (for Schedule G)

Account Statement

Statement Date: December 31, 2000

300-2137848
362

WELLS FARGO

H

KATHLEEN HOFFMANN
HOFFMANN FOR STATE SENATE COMMITTEE
C/O BOB HOULIHAN
PO BOX 1293
SIOUX CITY IA 51102-1293

If you have any questions about this statement or your accounts, call: 800-827-6535. Or write: WELLS FARGO BANK IOWA, N.A., 666 WALNUT STREET, DES MOINES, IA 50309.

MAKE HOLIDAY WISHES COME TRUE WHEN YOU USE YOUR WELLS FARGO CREDIT CARD FOR ALL YOUR SHOPPING NEEDS. IF YOU WOULD LIKE TO APPLY FOR A CREDIT CARD, LOG ONTO WELLSFARGO.COM OR STOP BY ANY WELLS FARGO BRANCH AND SPEAK WITH A PERSONAL BANKER.

Basic Business Checking

Kathleen Hoffmann
Hoffmann For State Senate Committee
C/O Bob Houlihan
Account Number: 300-2137848

NOV 9 2005

Activity summary

Balance on 11/30	$326.39
Deposits	0.00
Withdrawals	- 7.49
Balance on 12/31	$318.90

Activity detail

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT

For Office Use Only
Comm. # 607
Logged In
Scanned
Computer
Audited

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

Hoffmann for State Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: [1]
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name — Political Party (if applicable)

NOV 9 2005 4-7 p.m.

Office Sought — District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

Robert W Sanlihan Treas — (712) 255-3450 — 10/26/2005

SIGNATURE OF PERSON FILING REPORT — **TELEPHONE** — **DATE SIGNED**

I AM FILING A 10/28/98 to 12/31/98 (report date) 1-19-99 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # [1]

[X] CHECK IF AMENDMENT TO REPORT DATED 10/28/98 to 12/31/98

[ ] Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 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. (Total of all funds 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.) $	5960.57
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1025.00
Schedule F: Loans Received total (Attach Schedule F)	450.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	7435.57
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	7436.91
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) $	(1.34)
****UNPAID BILLS** (From Schedule D - Attach Schedule D) $	11697.85
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $	23.09
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) $	450.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES X NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	None

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM NO CHANGE	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
HOFFMANN FOR STATE SENATE COMMITTEE

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
10/28/98	ID# CK#	MRS. Michael Bennett 3048 Cheyenne Blvd Sioux City, IA 51104		$ 100.00	
10/28/98	ID# CK#	Steven Meyer 2616 Pierce St. Sioux City, IA 51104		250.00	
10/28/98	ID# CK#	Karl Luther 6015 Morningside Ave. Sioux City, IA 51106		100.00	
10/29/98	ID# CK#	Jerold Dykstra Box 830 Alcron, IA 51001		50.00	
10/29/98	ID# 6067 CK# 2339	IOWA HEALTH PAC 950-12th St. Des Moines, IA 50309		150.00	
10/30/98	ID# CK#	Stan Munger 303 Terra Centre, 600-4th St. Sioux City, IA 51101		50.00	
11/2/98	ID# CK#	Marilyn Farrer 1213-4th Street Sioux City, IA 51101		50.00	
11/2/98	ID# CK#	Betty Schoeneman 33204 West Loop Road Sioux City, IA 51108		75.00	
11/3/98	ID# CK#	MJ HOFFMAN 4682-34th St. S, Apt A2 Arlington, VA 22206	Daughter In-Law	200.00	
	ID# CK#				

SUB-TOTAL $

TOTAL *(If last page of this schedule)* $ 1025.00

* 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

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM NO CHANGE	

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)*

HOFFMANN FOR STATE SENATE COMMITTEE

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
10/28/98	ID# CK# 1056	U.S. Postmaster Sioux City, Iowa 51101	Postage for Solicitation Mailing	$ 1973.99
10/29/98	ID# CK# 1057	Sioux City Journal 515 Pavonia St. Sioux City, IA 51101	newspaper Advertisements	2100.00
10/29/98	ID# CK# 1058	U.S. Postmaster Sioux City, IA 5101	Postage for Solicitation Mailing	1073.11
10/29/98	ID# CK# 1059	ICTV-4 3135 Floyd Blvd Sioux City, IA 51108	Production Costs for Advertisments	175.00
10/30/98	ID# CK# 1060	U.S. Postmaster Sioux City, IA 51101	Postage for Solicitation Mailing	1295.43
11/2	ID# CK# 1061	Sioux City Journal 515 Pavonia St. Sioux City, IA 51101	Newspaper Advertisements	511.85
11/9/98	ID# CK# 1062	Sioux City Journal 515 Pavonia St. Sioux City, IA 51101	Newspaper Advertisements	300.00
12/31/98	ID# CK# N/A	NORWEST BANK Sioux City, IA	Bank Service Charges	7.53
			SUB-TOTAL	$
			TOTAL ***(If last page of this schedule)***	$ 7,436.91

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)(l).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
☒ CHECK THIS BOX IF AMENDING FORM	

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

Hoffmann for State Senate Committee

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/16/98	Ray Hoffmann 1902 Jackson Sioux City IA 51104	Paid for media placement	$ 8000.00
10/28/98	EBI Video 5000 Tremont Street-Suite 102 Davenport IA 52807	Paid for media placement	3697.85
		SUB-TOTAL	$ 11697.85
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	$ 11697.85

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

HOFFMANN FOR STATE SENATE COMMITTEE

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

☐ CHECK THIS BOX IF AMENDING FORM

NO CHANGE

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
10/28/97	Iowa Right to Life PAC 1500 Illinois St. Des Moines, Ia 50314		Newsletter Inserts	$ 23.09	
			SUB-TOTAL	$	
			TOTAL (If last page of this schedule)	$ 23.09	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

NO CHANGE

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

HOFFMANN FOR STATE SENATE COMMITTEE

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
11/9/98	RAY HOFFMANN 1902 Jackson St. Sioux City IA 51104	Husband	$ 450.00

TOTAL *(PART I)* $ 450.00

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)* $ —

From Schedule E -- TOTAL LOANS FORGIVEN $ —

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 450.00

*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 when it applies.

Norwest Bank Statement

NORWEST BANK IOWA, N.A.
666 WALNUT STREET
DES MOINES, IA 50309

STATEMENT PREPARED BY 254

Statement Date:
December 31, 1998

300-2137848

NOV 9 2008

KATHLEEN HOFFMANN
HOFFMANN FOR STATE SENATE COMMITTEE
C/O BOB HOULIHAN
PO BOX 1293
SIOUX CITY IA 51102-1293

If you have any questions about this statement or your accounts, call: 712-277-7104, or if outside the local calling area: 1-515-245-3262.

Your Accounts at a Glance

	Account Number	Current Balance
Choice II-Basic Account	300-2137848	- 12.84
In Transit: Bank to reverse Duplicate check Printing charges		+10.50
		<1.34>

News from Norwest

EFFECTIVE FEBRUARY 1, 1999 THE FEE FOR USING YOUR INSTANT CASH OR INSTANT CASH & CHECK CARD IN A NON-NORWEST INSTANT CASH ATM WILL BE $1.50 PER CASH WITHDRAWAL. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR NORWEST BANKER.

Choice II-Basic Account

Kathleen Hoffmann
Hoffmann For State Senate Committee
C/O Bob Houlihan
Account No. 300-2137848

Summary of your account

Previous Balance on Nov 30	-$	5.35
Deposits, other additions	+	0.00
Total checks posted, other withdrawals	-	7.49
Ending balance on Dec 31	=-	12.84

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Nov 30	- 5.35	Dec 31	- 12.84		

Details of your account

Date	Description		Amount
Nov 30	Previous Balance	-$	5.35
	Withdrawals		
Dec 31	Monthly Service Fee	-	7.49
Dec 31	Ending Balance	=-	12.84

Continued on next page

NOTICE: see reverse side for important information.