

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Hosch for State Senate

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

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1438</u>
Indexed	
Audited	
Computer	<u>WRS</u>

CANDIDATE COMMITTEES ONLY

Candidate Name <u>Julie Hosch</u>	Political Party <u>Republican</u>
Office Sought <u>State Senate</u>	District (if Senate or House) <u>#16</u>
<u>FEB 4 2005</u>	<u>pm 2-03</u>

Marilyn D. Burlage 319 465-3092 2-3-05
 SIGNATURE OF TREASURER (or person filing this report) 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) dated 1-16-05 Indicate one 2

CHECK IF AMENDMENT TO REPORT DATED January 19th

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.)\$ 3781.13

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 40966.60 ✓

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.....\$ 44747.73

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 32421.- ✓

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)\$ 12326.73 ✓

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

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 30853.19 ✓

****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

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Hosch for State Senate

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
✓ 10-27-04	ID# 9161 CK#	Republican Party of Iowa		\$ 25,000.-	<input type="checkbox"/>
✓ 10-28-04	ID# 9161 CK#	Republican Party of Iowa		7,000.-	<input type="checkbox"/>
11-2-04	ID# CK#	Albert Mauerbach 617 1st ave W Cascade, Iowa		50.-	<input type="checkbox"/>
11-2-04	ID# CK#	Dale Mescher 809 7th ave SW Cascade, Iowa		100.-	<input type="checkbox"/>
11-2-04	ID# CK#	David Stanley 115 Sunset Drive Muscatine, Iowa 52761		200.-	<input type="checkbox"/>
✓ 1-2-04	ID# 6160 CK#	Iowa Independent Bankers 1603 22nd St Suite 202 West Des Moines, Ia 50266		150.-	<input type="checkbox"/>
✓ 11-2-04	ID# 6494 CK#	Sac & Fox Tribe 349 Meskwahie Road Tama, Iowa 52339		1000.-	<input type="checkbox"/>
✓ 1-4-04	ID# 8442 CK# 1115	Charles Grassley The Hawkeye PAC 721 Federal Bldg 210 Walnut St Des Moines, Iowa		5000.-	<input type="checkbox"/>
11-5-04	ID# CK#	Herbert Decher 409 2nd ave NW Cascade, Iowa		25.-	<input type="checkbox"/>
OK 11-5-04	ID# CK#	Hogan Brothers Monticello, Iowa 52310		250.-	<input type="checkbox"/>

SUB-TOTAL

\$38,775.-

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.

FEB 2005

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Dorsch for State Senate

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
11-8-04	ID# CK#	T. J. Quagliano 1500 Dulhe St Dubuque, Ia 52001		\$ 50. -	<input type="checkbox"/>
11-8-04	ID# CK#	Iowa Podiatric Political 505 5th Ave Des Moines, Ia		50. -	<input type="checkbox"/>
11-11-04	ID# CK#	Security State Bank 1550 1st Ave E Cascade, Iowa 52033		6.95	<input type="checkbox"/>
12-3-04	ID# CK#	Bill Hintz 20529 185 Ave Monticello, Ia 52310		50. -	<input type="checkbox"/>
12-6-04	ID# CK#	Victory Enterprises 5200 30th St SW Davenport, Ia	Report	2023.84	<input type="checkbox"/>
12-8-04	ID# CK#	Security State Bank 1550 1st Ave E Cascade, IA		4.68	<input type="checkbox"/>
1-12-05	ID# CK#	Security State Bank 1550 1st Ave E Cascade, Iowa		7.13	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#	Change contribution from Cletus Houghs on last report from \$50 to \$49. -		[1. -]	<input type="checkbox"/>
	ID# CK#	(rec'd 10-25-04)			<input type="checkbox"/>

SUB-TOTAL

\$2191.60

TOTAL (if last page of this schedule)

\$40966.60

* 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

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)
Hosch for State Senate

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
10-27-04	ID# CK#	<i>Victory Enterprises 5200 30th St SW Davenport, Iowa</i>	<i>Duplication</i>	<i>\$25,000.-</i>
10-28-04	ID# CK#	<i>Victory Enterprises 5200 30th St SW Davenport, Iowa</i>		<i>7,000.-</i>
10-31-04	ID# CK#	<i>Dubuque Radio 101.1 Dubuque, Iowa</i>	<i>Radio Ads</i>	<i>221.-</i>
11-9-04	ID# CK#	<i>Julie Hosch 403 Hayes Street Cascade, Iowa</i>	<i>Campaign expense</i>	<i>200.-</i>
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$32421.-

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.6(3)(i).)

SCHEDULE E (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)
 "Hosch for State Senate"

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	IF FOR FUND-RAISER CONTRIBUTION
11-15-04	Republican Party of Iowa		Postage	\$ 374.22	
11-15-04	Republican Party of Iowa		Postage	4537.70	
11-15-04	Republican Party of Iowa		Mail Processing	1678.05	
11-15-04	Republican Party of Iowa		Printing	2127.50	
11-11-04	Republican Party of Iowa		GO TV Phone Calls	5776.98	
11-15-04	Republican Party of Iowa		TV Ad	750.-	
10-28-04	Republican Party of Iowa		Postage	3839.69	
10-28-04	Republican Party of Iowa		Mail Processing	1547.26	
11-15-04	Republican Party of Iowa		Postage	943.46	

SUB-TOTAL \$ 21574.86

11-15-04

TOTAL (if last page of this schedule) \$ 30853.19

*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.

SCHEDULE E (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)

"Hosch for State Senate"

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-27-04	Republican Party of Iowa		Radio ad	\$ 150. -	
10-27-04	Republican Party of Iowa		Printing	736.72	
10-27-04	Republican Party of Iowa		Printing	3343.34	
10-28-04	Republican Party of Iowa		Copywriting	110. -	
10-28-04	Republican Party of Iowa	Not applicable	Mail processing	710.88	
10-28-04	Republican Party of Iowa		Printing Postage	2453.69	
10-28-04	Republican Party of Iowa		Mail Processing	405.96	
10-28-04	National Federation of Independent Business Washington, D.C.		letter	47.26	
11-11-04	Republican Party of Iowa		Radio/TV ad	300. -	
11-11-04	Republican Party of Iowa		Printing	820.48	
SUB-TOTAL				\$ 9278.33	
TOTAL (if last page of this schedule)				\$	

*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

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1438
Logged In	<i>[Signature]</i>
Scanned	
Computer	WR5
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Hosch for State Senate

IMPORTANT: Indicate type of committee you are reporting for:

(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 State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name Julie Hosch Political Party Republican
Office Sought State Senate District (if Senate or House) #16

JAN 13 2005

pm 1-18

Narilyn D. Burlage 319 465-3092 JAN 13 2005
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19th, 2005 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

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.) \$ 3781.13

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 40967.60

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 \$ 44748.73

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 32421.-

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) 518,123,327.73 1-17-05 \$ 12401.31

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

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 30853.19

****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

See Amended Schedule

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)
Fosch for State Senate

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.

CSW
USF OIL

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
✓ 10-27-04	ID# 9161 CK#	Republican Party of Iowa		\$ 25,000.-	✓
✓ 10-28-04	ID# 9161 CK#	Republican Party of Iowa		7,000.-	✓
11-2-04	ID# 8427 CK#	Iowa Priorities Comm. Jim Musser Manchester IA		1000.-	
11-2-04	ID# CK#	Mr. Bill Miller Citizen for Bill Owen Committee Berkeley, California		500.-	
11-4-04	ID# 8442 CK# 1115	Charles Grassley The Hawk 721 Federal Bldg. 210 Walnut St Des Moines Iowa	Keye PAC	5000.-	✓
11-5-04	ID# CK#	Hubert Decker 409 2nd Ave NW Cascades, Iowa		25.-	✓
11-5-04	ID# CK#	Hogan Brothers Monticello, Iowa		250.-	✓
11-8-04	ID# CK#	Clitus Hughes 444 2nd Ave NW Cascades IA 52033		50.-	✓
11-8-04	ID# 6079 CK#	Iowa Podiatric Political Action Committee 50309 505 5th Av. Des Moines IA		50.-	✓
11-11-04	ID# CK#	Security State Bank 1550 1st Avenue E Cascades, Iowa	interest	6.95	✓

SUB-TOTAL

\$38881.95

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. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Hosch for State Senate

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/YYR)	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
12-3-04	ID# CK#	Bill Henty 80529 185th Monticello IA 52310		\$ 50.-	✓
12-6-04	ID# CK#	Victory Enterprises 5200 130th St SW Davenport, Iowa	refund	2023.84	✓
12-8-04	ID# CK#	Security State Bank 1550 1st Avenue E Cascade, IA	interest	4.68	✓
1-12-05	ID# CK#	Security State Bank 1550 1st Avenue E Cascade, Iowa	interest	7.13	✓
	ID# CK#				

SUB-TOTAL 2085.65

TOTAL (if last page of this schedule) 40967.60

* 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) when Form 2 of Form packet 1. If someone is contributor to the committee or candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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)
Hosch for State Senate

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
10-31-04	ID# CK#	Radio Dubuque, Iowa	Radio Ads	\$ 221. -
11-9-04	ID# CK#	Julie Hosch 403 Hayes St SW Cascade, IA 52033	Campaign expenses	200. -
10-27-04	ID# CK#	Victory Enterprises 5200 30th St SW Davenport, Iowa		25,000. -
10-28-04	ID# CK#	Victory Enterprises 5200 30th St. SW Davenport, Iowa		7,000. -
	ID# CK#			
SUB-TOTAL				\$ 32,421. -
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.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

"Hosch for State Senate"

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
10-27-04	Republican Party of Iowa		Radio ad	\$ 150. -	
10-27-04	Republican Party of Iowa		Printing	736.72	
10-27-04	Republican Party of Iowa		Printing	3343.34	
10-28-04	Republican Party of Iowa		Copywriting	110. -	
10-28-04	Republican Party of Iowa		Mail processing	910.88	
10-28-04	Republican Party of Iowa		Printing & Postage	2453.69	
10-28-04	Republican Party of Iowa		Mail Processing	405.96	
10-28-04	National Federation of Independent Business Washington, D.C.		letter	47.26	
11-11-04	Republican Party of Iowa		Radio/TV ad	300. -	
11-11-04	Republican Party of Iowa		Printing	820.48	
SUB-TOTAL				\$ 9278.33	
TOTAL (if last page of this schedule)				\$	

*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.

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

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

"Hosch for State Senate"

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
11-15-04	Republican Party of Iowa		Postage	\$ 374.22	
11-15-04	Republican Party of Iowa		Postage	4537.70	
11-15-04	Republican Party of Iowa		Mail Processing	1678.05	
11-15-04	Republican Party of Iowa		Printing	2127.50	
11-11-04	Republican Party of Iowa		GOTV Phone Calls	5776.98	
11-11-04	Republican Party of Iowa		TV Ad	750.-	
10-28-04	Republican Party of Iowa		Postage	3839.69	
10-28-04	Republican Party of Iowa		Mail Processing	1547.26	
11-15-04	Republican Party of Iowa		Postage	943.46	

SUB-TOTAL \$ 21574.86

TOTAL (if last page of this schedule) \$ 30853.19

*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.