

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1545</u>
Logged In	
Scanned	
Computer	<u>WRS</u>
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

Committee to Elect Palmer State Representative

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: Eric J. Palmer Political Party (if applicable): Democratic

Office Sought: State Representative District (if Senate or House): 75

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 MAY 23 2006
 FILED pm illeg

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mari Duke 641-236-0963 5-19-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5-19-06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 1-19-05

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.)	\$ <u>2,629.17</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>14,467.07</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>17,096.24</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>16,334.51</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>761.73</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>1,521.68</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>2,093.00</u>

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

10-26-04 — 1-19-05

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1545
Logged In	<input checked="" type="checkbox"/>
Scanned	<input checked="" type="checkbox"/>
Computer	WRS
Audited	2-15-05

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

Committee to Elect Palmer State Representative

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 Convent. Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name: Eric J. Palmer FEB 15 2005 Political Party: Democratic

Office Sought: State Representative DISTRICT: 75

Marie Duke SIGNATURE OF TREASURER (or person filing this report) 641-236-0563 TELEPHONE 2-14-05 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 1-19-05 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>2,385.14</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>14,467.07</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>16,852.21</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>16,334.51</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>517.70</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>1,521.68</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) 0 \$ 2,093.00

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)
Committee to Elect Palmer for State Representative

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/YY)	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
10/26/04	ID# CK#	Gerald + Sara Adams P.O. Box 444 Grinnell Iowa 50112		\$ 50.00	<input type="checkbox"/>
10/26/04	ID# CK#	Leslie E Stake 225 2nd St, S.E. Ste 310 Cedar Rapids, Ia 52401		25.00	<input type="checkbox"/>
10/26/04	ID# CK#	Margaret D. Collison 12605 Woodlands Parkway #240 Clive, Iowa 50325		100.00	<input type="checkbox"/>
10/26/04	ID# CK#	John + Barbara Stone 1216 Elm St Grinnell Iowa 50112		50.00	<input type="checkbox"/>
11/1/04	ID# CK#	Fred Haas 4417 46th St Des Moines Ia 50310		250.00	<input type="checkbox"/>
11/1/04	ID# CK#	Jean Pendleton 319 7th St Ste 600 Des Moines Ia. 50309		50.00	<input type="checkbox"/>
11/2/04	ID# CK#	Gary Mathison 11512 Lucas Pl. Indianola, Iowa 50125		50.00	<input type="checkbox"/>
10/26/04	ID# CK#	Morris Parslow 1222 Grand St Grinnell Iowa 50112		25.00	<input type="checkbox"/>
10/26/04	ID# CK#	Steve Tucker 108 1st Ave E Oskaaloosa, Ia 52577		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 650.00

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). 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)
Committee to Elect Palmer State Representative

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/YY)	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# CK#	Doug Spitz Sr. 3642 E. Court St Iowa City, Ia 52245		\$ 25.00	<input type="checkbox"/>
11	ID# CK#	Lane Davis 249 Magowan Ave Iowa City, Iowa 52246		25.00	<input type="checkbox"/>
11	ID# CK#	Cliff Missen Carolyn Johnson 1005 Parkridge Dr. Iowa City, Ia 52246		25.00	<input type="checkbox"/>
11	ID# CK#	ibery Merkel-Hess 2604 Friendship St Iowa City, Iowa 52245		25.00	<input type="checkbox"/>
11	ID# CK#	Stephen Vlastos 1346 E Bloomington St Iowa City, Iowa 52245		25.00	<input type="checkbox"/>
11	ID# CK#	C.E. Hawtrey 715 S. Summit Ia City, Ia 52240		30.00	<input type="checkbox"/>
11	ID# CK#	Rich + Jean Lloyd Jones 160 Oakridge Ave Iowa City, Ia 52246		50.00	<input type="checkbox"/>
11	ID# CK#	Sara L/Rynes-Weller 2974 Oak Circle NE North Liberty, Ia 52317		100.00	<input type="checkbox"/>
11	ID# CK#	Julia + Phil Means 1507 E College St Iowa City, Ia. 52245		45.00	<input type="checkbox"/>
10-26-04	ID# CK#	Carol Logan 595 Crestview Ave Ottumwa, Ia 52501		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 400.00	
TOTAL (if last page of this schedule)				\$	

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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)
 Comm. Hec to Elect Palmer State Representative

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
10-28-04	ID# CK#	Dan + Diann Pavelka 600 E. Main St Lisbon, Ia 52253		\$ 25.00	<input type="checkbox"/>
10-28-04	ID# CK#	Phil + Julia Mears 1507 E. College St Iowa City, Ia 52245		30.00	<input type="checkbox"/>
10-28-04	ID# CK#	Scott Bandstra 505 5th Ave Ste 810 Des Moines, Ia 50309		30.00	<input type="checkbox"/>
10-28-04	ID# CK#	Joe Walsh 929 30th St Des Moines, Ia 50312		100.00	<input type="checkbox"/>
10-28-04	ID# CK#	Mark S. Soldat 1709 Buffalo Rd. West Des Moines, Ia 50265		250.00	<input type="checkbox"/>
10-28-04	ID# CK#	Tom Palmer 4090 Westown Parkway West Des Moines, Ia 50266	Brother	500.00	<input type="checkbox"/>
10-28-04	ID# 6046 CK# 3931	Justice for ALL PAC 218 6th Ave Ste 526 Des Moines, Ia. 50309		500.00	<input type="checkbox"/>
11-2-04	ID# CK#	Bernice Ryan 107 Rosenberger Ave. Oskaloosa, Ia 52577		25.00	<input type="checkbox"/>
11-8-04	ID# CK#	Mail Services, LLC 4100 121st St Des Moines, Ia 50323		209.07	<input type="checkbox"/>
11-8-04	ID# CK#	Bernice De Young New Sharon, Ia 50207		48.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1717.07	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Comm. Hce to Elect Palmer State Representative.

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.

USP
OK

DATE RECEIVED (MM/DD/YY)	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
11-1-04	ID# CK#	Lowell + Nora Cross 1705 Glendale Rd Iowa City, Ia. 52245		\$ 50.00	<input type="checkbox"/>
10-26-04	ID# 8026 CK# 07945	IBEW Ed Com 1125 15th St NW Washington, DC 20005		5,000.00	<input type="checkbox"/>
11-1-04	ID# CK#	Gerald + Dorothea Lalonde 1320 Elm St Grinnell, Iowa 50112		100.00	<input type="checkbox"/>
10-29-04	ID# CK#	Tom Palmer 4090 Westown Pkwy West Des Moines, Ia 50266	Brother	250.00	<input type="checkbox"/>
10-29-04	ID# CK#	Jerry + Kirsten Jackson 512 Vintage trail Waukee, Ia 50263		250.00	<input type="checkbox"/>
10-29-04	ID# CK#	Max Schott 6611 Univ Ave Ste 200 Des Moines, Ia 50311		500.00	<input type="checkbox"/>
10-29-04	ID# CK#	Marc Harding 3211 Lincoln Plaza Des Moines, Ia 50312		500.00	<input type="checkbox"/>
10-29-04	ID# 8026 CK# 07986	IBEW Ed Com 1125 15th St N.W Washington, DC 20005		5,000.00	<input type="checkbox"/>
10-28-04	ID# CK#	Jennifer Glass Bruce Tye Hen 1133 E Court St Iowa City, Ia 52242		25.00	<input type="checkbox"/>
10-28-04	ID# CK#	Dan Pavelka 600 E Main St Lisbon, Ia 52253		25.00	<input type="checkbox"/>

USP
OK

SUB-TOTAL

\$11,700

TOTAL (if last page of this schedule)

\$14,467.07 -

* 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



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)
Comm. Here to Elect Palmer State Representative

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-29-04	ID# CK#	KRTI P.O. Box 306 Grinnell, Ia 50112	Radio Ads	\$ 1,128.00
10-29-04	ID# CK#	Village View Fremont, Ia	Newspaper Ads	36.00
10-29-04	ID# CK#	Mail Services 4100 121 st Urbandale, Ia 50323	Direct Mail	3,201.98 3201.98
10-29-04	ID# CK#	Postmaster Grinnell, Ia 50112	Postage	2,300.00
10-29-04	ID# CK#	KBOE Oskaloosa, Iowa 52577	Radio Ads	192.00
11-1-04	ID# CK#	KGRN Grinnell, Ia 50112	Radio Ads	930.30
11-1-04	ID# CK#	Grinnell Herald Reg 813 Fifth Ave Grinnell, Ia - 50112	News paper Ads	497.00
11-1-04	ID# CK#	KRTI P.O. Box 306 Grinnell Ia. 50112	Radio Ads	385.00
SUB-TOTAL				\$ 8,670.28
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM



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)

Committee to Elect Palmer State Representative

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/1/04	ID# CK#	Oskaloosa Herald Oskaloosa, Iowa 52577	newspaper Ads	\$ 828.18
11/1/04	ID# CK#	Karen Downey Oskaloosa Ia 52577	reimbursement for mileage	25.00
11/1/04	ID# CK#	KRTI P.O. Box 306 Grinnell, Ia 50112	radio Ads	132.00
11/8/04	ID# CK#	Karen Downey Oskaloosa, Ia. 52577	reimbursement for cell phone.	88.00
11/9/04	ID# CK#	Kum & Go Oskaloosa, Ia. 52577	gas for borrowed car	18.55
11/11/04	ID# CK#	Katie Mears 1208 3rd Grinnell, Ia. 50112	reimbursement trans. for mileage	500.00
11/21/04	ID# CK#	Grinnell Herald Reg. 813 Fifth Ave Grinnell, Ia. 50112	newspaper subscription	72.50
12/7/04	ID# CK#	Carter Printing 1739 East Grand Ave Des Moines, Ia 50316	printing	6,000.00
SUB-TOTAL				\$ 7 664.23
TOTAL (if last page of this schedule)				\$16 334.51

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).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee to Elect Palmer State Representative

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY **PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
10-29-04	-23 postage stamps	\$ 2,093	2,093

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 2,093

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

(Attach Additional Schedules If Needed)

S/M 01

02/15/05 09:47 PALMER & PALMER ATTORNEYS-AT-LAW → 15152813701 NO. 061 D09