



For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
**IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC#184**

**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-RAISE/ INCOM
11/23/04	ID# CK#	DANIELA RUSU, MD 3400 DEXTER CT. DAVENPORT, IA 52807		\$ 50 <sup>00</sup>	
"	ID# CK#	TIM BRENNAN, MD DEPT OF ANESTHESIA, UIHC IOWA CITY, IA 52242		100 <sup>00</sup>	
"	ID# CK#	GARY SHANKS, MD P.O. BOX 2441 DAVENPORT, IA 52809		250 <sup>00</sup>	
"	ID# CK#	JOHN MOYERS, MD DEPT. OF ANESTHESIA, UIHC IOWA CITY, IA 52242		100 <sup>00</sup>	
12/2/04	ID# CK#	A. KEVIN WATKINS, MD 540 E. JEFFERSON, SUITE 106 IOWA CITY, IA 52245		100 <sup>00</sup>	
"	ID# CK#	K. PATRICIA CHONG P.O. BOX 2688 IOWA CITY, IA 52242		100 <sup>00</sup>	
12/3/04	ID# CK#	JUDITH DILLMAN, MD 540 E. JEFFERSON, SUITE 106 IOWA CITY, IA 52245		100 <sup>00</sup>	
	ID# CK#				
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 800 <sup>00</sup>	

\* 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

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
**IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC #6484**

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# 965 CK# 1576	McKIBBEN FOR STATE SENATE	CAMPAIGN	\$ 500
10/28/04	ID# CK# 1577	COMMITTEE TO ELECT ROBERT E. DVORSKY	"	500
10/29/04	ID# 1169 CK# 1578	LAMBERTI FOR SENATE	"	500
10/28/04	ID# 913 CK# 1579	THE CARROLL COMMITTEE	"	500
11/2/04	ID# 142 CK# 1575	CITIZENS FOR GROWSTAL	"	500
11/4/04	ID# 987 CK# 1580	HUSER FOR STATE REPRESENTATIVE	"	500
11/4/04	ID# 1385 CK# 1581	McCARTHY FOR STATE REPRESENTATIVE	"	500
12/9/04	ID# CK# 1582	DEMOCRATIC SENATE MAJORITY FUND RECEPTION	FUNDRAISER	500
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 4,000 <sup>00</sup>

**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).)