

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	6038
Indexed	KIS
Audited	S
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

IMPORTANT: Indicate type of committee you are reporting for: 2

(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

Kathy J. Stanes 641-269-6560 7/18/05
 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 JUL 19, 2005 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 2

Priority Mail
 JUL 22 2005
 PM 7-18

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 the first report filed.) \$ 7,160.13

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)	<u>2,838.67</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0.00</u>
(Schedule H applies to Candidates' Committees only)	
SUB-TOTAL	\$ <u>2,838.67</u>

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)	<u>200.00</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0.00</u>

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 9,798.80

UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0.00</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>0.00</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0.00</u>
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<u> </u> YES <u> </u> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>0.00</u>

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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

TOTAL (if last page of this schedule) \$

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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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
01/21/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
02/04/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
02/18/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
03/04/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
03/18/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
04/01/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
SUB-TOTAL				\$ 38.00	
TOTAL (if last page of this schedule)				\$	

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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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/15/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
04/29/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
05/13/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
05/27/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
06/10/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
06/23/05	ID# CK#	Rodney D. Anderson 1654 Fisher Ave New Sharon, Ia 50207		5.00	
01/07/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 40.00	
TOTAL (if last page of this schedule)				\$	

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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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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03/04/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Michelle R. Barnum 1515 Reed St Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 23.50

TOTAL (if last page of this schedule) \$

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
01/21/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
02/04/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
02/18/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
03/04/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
03/18/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
04/01/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
04/15/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
SUB-TOTAL				\$ 22.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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04/29/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
05/13/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
05/27/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
06/10/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
06/23/05	ID# CK#	Ronald D. Brown PO Box 226 New Sharon, Ia 50207		2.50	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 17.50	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 13.00	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

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02/04/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 25.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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06/23/05	ID# CK#	Cheryl A. Christinson 1428 Reed Street Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
02/04/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
02/18/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
03/18/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
04/01/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
04/15/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
04/29/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 47.50	
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 relative) 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
05/13/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
06/23/05	ID# CK#	Cynthia S. Cloyed 1221 Prince Street Grinnell, Ia 50112		5.00	
01/07/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
01/21/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
02/04/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
02/18/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
03/04/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
03/18/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
SUB-TOTAL				\$ 35.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/01/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
04/15/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
04/29/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
05/13/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
05/27/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
06/10/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
06/23/05	ID# CK#	Nancy D. Couper 606 E 12th St N Newton, Ia 50208		2.50	
01/07/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
01/21/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
02/04/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
SUB-TOTAL				\$ 25.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/18/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
03/04/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
03/18/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
04/01/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
04/15/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
04/29/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
05/13/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
05/27/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
06/10/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	
06/23/05	ID# CK#	Joy M. Cummings 1408 Old 6 Rd. Malcom, Ia 50157		2.50	

SUB-TOTAL \$ 25.00

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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
01/07/05	ID# CK#	Unitemized Receipt		1.50	
01/21/05	ID# CK#	Unitemized Receipt		1.50	
02/04/05	ID# CK#	Unitemized Receipt		1.50	
02/18/05	ID# CK#	Unitemized Receipt		1.50	
03/04/05	ID# CK#	Unitemized Receipt		1.50	
03/18/05	ID# CK#	Unitemized Receipt		1.50	
04/01/05	ID# CK#	Unitemized Receipt		1.50	
04/15/05	ID# CK#	Unitemized Receipt		1.50	
04/29/05	ID# CK#	Unitemized Receipt		1.50	
05/13/05	ID# CK#	Unitemized Receipt		1.50	
SUB-TOTAL				\$ 15.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/27/05	ID# CK#	Unitemized Receipt		1.50	
06/10/05	ID# CK#	Unitemized Receipt		1.50	
06/23/05	ID# CK#	Unitemized Receipt		1.50	
01/07/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
01/21/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
02/04/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
02/18/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
03/04/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
03/18/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
04/01/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
SUB-TOTAL				\$ 21.02	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/15/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
04/29/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
05/13/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
05/27/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
06/10/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
06/23/05	ID# CK#	Anna Devilder 1414 350th Ave Brooklyn, Ia 52211		2.36	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 18.16	
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)*

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
SUB-TOTAL				\$ 13.00	
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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
01/21/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
02/04/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
02/18/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
03/04/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
03/18/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
04/01/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
04/15/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
04/29/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
05/13/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
05/27/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
SUB-TOTAL				\$ 40.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
06/10/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
06/23/05	ID# CK#	Susan M. Edelen 3630 90th St Grinnell, Ia 50112		4.00	
01/07/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
02/04/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
02/18/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
03/18/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
04/01/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
04/15/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 48.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
04/29/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
05/13/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
06/23/05	ID# CK#	Romaine K. Fenner 4234 20th Street Grinnell, Ia 50112		5.00	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 30.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
01/21/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
SUB-TOTAL				\$ 33.00	
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 relative) 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
02/04/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
02/18/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
03/04/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
03/18/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/01/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/15/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
04/29/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
05/13/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
05/27/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
06/10/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	

SUB-TOTAL \$ 125.00

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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
06/23/05	ID# CK#	John S. Flannery 1024 21st W. Des Moines, Ia 50265		12.50	
01/07/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 35.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/13/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Patricia A. Gosselink 15346 S 84th Ave E Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
01/21/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
02/04/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
02/18/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
03/04/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
03/18/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
SUB-TOTAL				\$ 34.00	
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	MONETARY
(Rev. 06/97)	RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/01/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
04/15/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
04/29/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
05/13/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
05/27/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
06/10/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
06/23/05	ID# CK#	Ellen T. Graff 700 Garfield St Tama, Ia 52339		4.00	
01/07/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
02/04/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 43.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
02/18/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
03/18/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
04/01/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
04/15/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
04/29/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
05/13/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
06/23/05	ID# CK#	Andrew J. Grosenbach 1116 Reed St Apt 101 Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 50.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
01/07/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
01/21/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
02/04/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
02/18/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
03/04/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
03/18/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
04/01/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
04/15/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
04/29/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
05/13/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	

SUB-TOTAL \$ 20.00

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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/27/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
06/10/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
06/23/05	ID# CK#	Thomas E. Guinane 1934 Reed Street Grinnell, Ia 50112		2.00	
01/07/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
01/21/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
02/04/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
02/18/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
03/04/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
03/18/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
04/01/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	

SUB-TOTAL \$ 23.50

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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/15/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
04/29/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
05/13/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
05/27/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
06/10/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
06/23/05	ID# CK#	Jennifer Gunderson 409 Clay St Malcom, Ia 50157		2.50	
01/07/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
01/21/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
02/04/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
02/18/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
SUB-TOTAL				\$ 47.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
03/04/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
03/18/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
04/01/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
04/15/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
04/29/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
05/13/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
05/27/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
06/10/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
06/23/05	ID# CK#	Traci A. Guthrie 121 Adair St Kellogg, Ia 50135		8.00	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 73.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
01/21/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
02/04/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
02/18/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
03/04/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
03/18/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
04/01/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
04/15/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	

SUB-TOTAL \$ 50.00

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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/29/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
05/13/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
05/27/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
06/10/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
06/23/05	ID# CK#	Ann M. Hanssen PO Box 246 Kellogg, Ia 50135		6.00	
01/07/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
01/21/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
02/04/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
02/18/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
03/04/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	

SUB-TOTAL \$ 42.50

TOTAL (if last page of this schedule)

\$

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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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
03/18/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
04/01/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
04/15/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
04/29/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
05/13/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
05/27/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
06/10/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
06/23/05	ID# CK#	Conni Helmick 315 North 4th Oskaloosa, Ia 52577		2.50	
01/07/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
01/21/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
SUB-TOTAL				\$ 25.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
02/04/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
02/18/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
03/04/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
03/18/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
04/01/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
04/15/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
04/29/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
05/13/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
05/27/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
06/10/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	

SUB-TOTAL \$ 25.00

TOTAL (if last page of this schedule)

\$

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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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
06/23/05	ID# CK#	Eric D. Hodina 1498 Old 6 Rd Brooklyn, Ia 52211		2.50	
01/07/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
01/21/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
02/04/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
02/18/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
03/04/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
03/18/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
04/01/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
04/15/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
04/29/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
SUB-TOTAL				\$ 20.50	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
05/13/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
05/27/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
06/10/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
06/23/05	ID# CK#	Evelyn M. Hull 1358 Roland Ave Chariton, Ia 50049		2.00	
01/07/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 23.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
04/01/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Janene R. Imhoff 611 6th Ave W Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 25.00	
TOTAL (if last page of this schedule)				\$	

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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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/18/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Peggy A. Jantzen 522 9th Avenue Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 25.00	
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)
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
01/07/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
01/21/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
02/04/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
02/18/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
03/04/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
03/18/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
04/01/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
04/15/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
04/29/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	
05/13/05	ID# CK#	Diane J. Keenan 1228 West St Grimmell, Ia 50112		2.50	

SUB-TOTAL \$ 25.00

TOTAL (if last page of this schedule) \$

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
05/27/05	ID# CK#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Diane J. Keenan 1228 West St Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
02/04/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
02/18/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
03/18/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
04/01/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	

SUB-TOTAL \$ 42.50

TOTAL (if last page of this schedule) \$

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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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
04/15/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
04/29/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
05/13/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
06/23/05	ID# CK#	Pamela L. Kessler 255 420th Ave Grinnell, Ia 50112		5.00	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 34.00

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 relative) 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
SUB-TOTAL				\$ 11.50	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
01/21/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
02/04/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
02/18/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
03/04/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
03/18/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
04/01/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
04/15/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
04/29/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
05/13/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
05/27/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
SUB-TOTAL				\$ 25.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
06/10/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
06/23/05	ID# CK#	Kimberly K. Kriegel 616 Main St Brooklyn, Ia 52211		2.50	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 13.00

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)*

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
03/18/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 22.00

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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Sharon L. Krumm 15415 N 75th Ave E Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 17.50	
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)*

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
02/04/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
02/18/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
03/18/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
04/01/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
04/15/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
04/29/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	

SUB-TOTAL	\$ 46.00
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/13/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
06/23/05	ID# CK#	Debra E. Lewis 1202 Elm Street Grinnell, Ia 50112		5.00	
01/07/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
01/21/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
02/04/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
02/18/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
03/04/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
03/18/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
SUB-TOTAL				\$ 35.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/01/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
04/15/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
04/29/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
05/13/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
05/27/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
06/10/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
06/23/05	ID# CK#	Patricia A. Manatt 4098 90th St Malcom, Ia 50157		2.50	
01/07/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
01/21/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
02/04/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
SUB-TOTAL				\$ 25.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/18/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
03/04/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
03/18/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
04/01/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
04/15/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
04/29/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
05/13/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
05/27/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
06/10/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
06/23/05	ID# CK#	Susan J. Mc Cain 4370 Highway 63, Box 8 Malcom, Ia 50157		2.50	
SUB-TOTAL				\$ 25.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
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 relative) 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		2.50	
02/18/05	ID# CK#	Unitemized Receipt		2.50-	
01/07/05	ID# CK#	Kim R. Morrison 442 370th Ave Grimmell, Ia 50112		2.50	
01/21/05	ID# CK#	Kim R. Morrison 442 370th Ave Grimmell, Ia 50112		2.50	
02/04/05	ID# CK#	Kim R. Morrison 442 370th Ave Grimmell, Ia 50112		2.50	
02/18/05	ID# CK#	Kim R. Morrison 442 370th Ave Grimmell, Ia 50112		2.50	
03/04/05	ID# CK#	Kim R. Morrison 442 370th Ave Grimmell, Ia 50112		2.50	
SUB-TOTAL				\$ 15.50	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
03/18/05	ID# CK#	Kim R. Morrison 442 370th Ave Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Kim R. Morrison 442 370th Ave Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Kim R. Morrison 442 370th Ave Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Kim R. Morrison 442 370th Ave Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Kim R. Morrison 442 370th Ave Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Kim R. Morrison 442 370th Ave Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Kim R. Morrison 442 370th Ave Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Kim R. Morrison 442 370th Ave Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	

SUB-TOTAL \$ 30.00

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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
02/04/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
02/18/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
03/18/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
04/01/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
04/15/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
04/29/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
05/13/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 50.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
06/23/05	ID# CK#	Rhonda R. Moyes 1605 Reed St Grinnell, Ia 50112		5.00	
01/07/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 27.50	
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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/13/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Ryan Ness 1810 Belmont Dr Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
01/21/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
02/04/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
02/18/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
03/04/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
03/18/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
SUB-TOTAL				\$ 25.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/01/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
04/15/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
04/29/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
05/13/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
05/27/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
06/10/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
06/23/05	ID# CK#	Rebecca L. Northcutt 705 E Wood St Box 819 Montezuma, Ia 50171		2.50	
01/07/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
01/21/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
02/04/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	

SUB-TOTAL	\$ 23.50
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)*

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/18/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
03/18/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		4.00	
04/01/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
04/15/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
04/29/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
05/13/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
05/27/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
06/10/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
06/23/05	ID# CK#	Sharon S. Novak 212 Second Street P.O. Box 192 Hartwick, Ia 52232		2.00	
01/07/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
SUB-TOTAL				\$ 22.50	
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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
01/21/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
02/04/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
02/18/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
03/04/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
03/18/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
04/01/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
04/15/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
04/29/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
05/13/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
05/27/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
SUB-TOTAL				\$ 25.00	
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	MONETARY
(Rev. 06/97)	RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i>
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
06/10/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
06/23/05	ID# CK#	Kathryn J. Patten 4310 Shady Lane Dr Brooklyn, Ia 52211		2.50	
01/07/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
01/21/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
02/04/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
02/18/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
03/04/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
03/18/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
04/01/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
04/15/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	

SUB-TOTAL \$ 45.00

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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/29/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
05/13/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
05/27/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
06/10/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
06/23/05	ID# CK#	Michael D. Pawlowski 902 Hanover Drive South Lake, Tx 76092		5.00	
01/07/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
02/04/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
02/18/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 50.00	
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	MONETARY
(Rev. 06/97)	RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i>
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
03/18/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
04/01/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
04/15/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
04/29/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
05/13/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
06/23/05	ID# CK#	Linda M. Pease 1108 Summer St Grinnell, Ia 50112		5.00	
01/07/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
01/21/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
SUB-TOTAL				\$ 45.00	
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 relative) 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/04/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
02/18/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
03/04/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
03/18/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
04/01/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
04/15/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
04/29/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
05/13/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
05/27/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
06/10/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
SUB-TOTAL				\$ 25.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
06/23/05	ID# CK#	Kim L. Pfantz PO Box 375 Brooklyn, Ia 52211		2.50	
01/07/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 25.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/13/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	James R. Phelps 1602 10th Avenue Place Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
02/04/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
02/18/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
03/18/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
SUB-TOTAL				\$ 40.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/01/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
04/15/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
04/29/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
05/13/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
06/23/05	ID# CK#	Jan K. Pope 603 Van Horne Cir Grinnell, Ia 50112		5.00	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 38.00

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)*

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/13/05	ID# CK#	Unitemized Receipt		2.50	
05/27/05	ID# CK#	Unitemized Receipt		2.50	
06/10/05	ID# CK#	Unitemized Receipt		2.50	
06/23/05	ID# CK#	Unitemized Receipt		2.50	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 16.00	
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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 14.50	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/18/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Barbara J. Schultz 510 Pearl St Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 25.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 20.50	
TOTAL (if last page of this schedule)				\$	

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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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
04/15/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Pauline K. Sharp 523 Center St Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Unitemized Receipt		1.25	
01/21/05	ID# CK#	Unitemized Receipt		1.25	
02/04/05	ID# CK#	Unitemized Receipt		1.25	
02/18/05	ID# CK#	Unitemized Receipt		1.25	
SUB-TOTAL				\$ 20.00	
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 relative) 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
03/04/05	ID# CK#	Unitemized Receipt		1.25	
03/18/05	ID# CK#	Unitemized Receipt		1.25	
04/01/05	ID# CK#	Unitemized Receipt		1.25	
04/15/05	ID# CK#	Unitemized Receipt		1.25	
04/29/05	ID# CK#	Unitemized Receipt		1.25	
05/13/05	ID# CK#	Unitemized Receipt		1.25	
05/27/05	ID# CK#	Unitemized Receipt		1.25	
06/10/05	ID# CK#	Unitemized Receipt		1.25	
06/23/05	ID# CK#	Unitemized Receipt		1.25	
01/07/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	

SUB-TOTAL \$ 14.25

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)*

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
01/21/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
02/04/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
02/18/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
03/04/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
03/18/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
04/01/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
04/15/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
04/29/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
05/13/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
05/27/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
SUB-TOTAL				\$ 30.00	
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 <i>(Must be same as on Statement of Organization)</i>
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
06/10/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
06/23/05	ID# CK#	Michele L. Sisson 1421 4th Ave Grinnell, Ia 50112		3.00	
01/07/05	ID# CK#	Judith E. Smith 4266 20th St Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Judith E. Smith 4266 20th St Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Judith E. Smith 4266 20th St Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	Judith E. Smith 4266 20th St Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Judith E. Smith 4266 20th St Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Judith E. Smith 4266 20th St Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Judith E. Smith 4266 20th St Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Judith E. Smith 4266 20th St Grinnell, Ia 50112		2.50	

SUB-TOTAL \$ 26.00

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
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CHECK THIS BOX IF AMENDING FORM

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/29/05	ID# CK#	Judith E. Smith 4266 20th St Grimmell, Ia 50112		2.50	
05/13/05	ID# CK#	Judith E. Smith 4266 20th St Grimmell, Ia 50112		2.50	
05/27/05	ID# CK#	Judith E. Smith 4266 20th St Grimmell, Ia 50112		2.50	
06/10/05	ID# CK#	Judith E. Smith 4266 20th St Grimmell, Ia 50112		2.50	
06/23/05	ID# CK#	Judith E. Smith 4266 20th St Grimmell, Ia 50112		2.50	
01/07/05	ID# CK#	Kathy V. Stanek PO Box 926 Grimmell, Ia 50112		2.50	
01/21/05	ID# CK#	Kathy V. Stanek PO Box 926 Grimmell, Ia 50112		2.50	
02/04/05	ID# CK#	Kathy V. Stanek PO Box 926 Grimmell, Ia 50112		2.50	
02/18/05	ID# CK#	Kathy V. Stanek PO Box 926 Grimmell, Ia 50112		2.50	
03/04/05	ID# CK#	Kathy V. Stanek PO Box 926 Grimmell, Ia 50112		2.50	
SUB-TOTAL				\$ 25.00	
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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
03/18/05	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Kathy V. Stanek PO Box 926 Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 22.00	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
01/21/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
02/04/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
02/18/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
03/04/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
03/18/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
04/01/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
04/15/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
04/29/05	ID# CK#	Nicole M. Story 1131 Reed St Grimell, Ia 50112-336		2.50	
SUB-TOTAL				\$ 23.50	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/13/05	ID# CK#	Nicole M. Story 1131 Reed St Grinnell, Ia 50112-336		2.50	
05/27/05	ID# CK#	Nicole M. Story 1131 Reed St Grinnell, Ia 50112-336		2.50	
06/10/05	ID# CK#	Nicole M. Story 1131 Reed St Grinnell, Ia 50112-336		2.50	
06/23/05	ID# CK#	Nicole M. Story 1131 Reed St Grinnell, Ia 50112-336		2.50	
01/07/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
01/21/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
02/04/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
02/18/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
03/04/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
03/18/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
SUB-TOTAL				\$ 25.00	
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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 688.32A(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
04/01/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
04/15/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
04/29/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
05/13/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
05/27/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
06/10/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
06/23/05	ID# CK#	Marcia Tarvin 5027 Hwy 63 Montezuma, Ia 50171		2.50	
01/07/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
01/21/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
02/04/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
SUB-TOTAL				\$ 25.00	
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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/18/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
03/04/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
03/18/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
04/01/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
04/15/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
04/29/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
05/13/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
05/27/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
06/10/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
06/23/05	ID# CK#	Karen Van Soelen 12695 S 92nd Ave E Sully, Ia 50251		2.50	
SUB-TOTAL				\$ 25.00	
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 relative) 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. 06/97)	MONETARY RECEIPTS
---	------------------------------------

CHECK THIS BOX IF AMENDING FORM

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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
--------------------------------------	----------------------

CHECK THIS BOX IF AMENDING FORM

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

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
01/21/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
02/04/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
02/18/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
03/04/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
03/18/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
04/01/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	

SUB-TOTAL \$ 20.50

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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/15/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
04/29/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
05/13/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
05/27/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
06/10/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
06/23/05	ID# CK#	Marlis R. Van Zante 14017 Hwy F-62 E Lynnville, Ia 50153		2.50	
01/07/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
01/21/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
02/04/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	
02/18/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grinnell, Ia 50112		2.00	

SUB-TOTAL \$ 23.00
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
03/04/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
03/18/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
04/01/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
04/15/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
04/29/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
05/13/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
05/27/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
06/10/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
06/23/05	ID# CK#	Karla L. Vanderleest 15270 N 75th Ave E Grimmell, Ia 50112		2.00	
01/07/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
SUB-TOTAL				\$ 22.98	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
01/21/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
02/04/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
02/18/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
03/04/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
03/18/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
04/01/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
04/15/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
04/29/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
05/13/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
05/27/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	

SUB-TOTAL	\$ 49.80
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
06/10/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
06/23/05	ID# CK#	Deborah D. Walker 238 Horseshoe Dr Montezuma, Ia 50171		4.98	
01/07/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
02/18/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	

SUB-TOTAL	\$ 29.96
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
04/29/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	David L. Weaver 179 Walnut Road Grinnell, Ia 50112		2.50	
01/07/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
01/21/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
02/04/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
02/18/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
03/04/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
SUB-TOTAL				\$ 25.00	
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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
03/18/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
04/01/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
04/15/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
04/29/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
05/13/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
05/27/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
06/10/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
06/23/05	ID# CK#	Diana J. Webster 317 E 9th St N Newton, Ia 50208		2.50	
01/07/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
01/21/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	

SUB-TOTAL \$ 30.00

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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
02/04/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
02/18/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
03/04/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
03/18/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
04/01/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
04/15/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
04/29/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
05/13/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Joann L. Wells 256 Newburg Road Grinnell, Ia 50112		5.00	

SUB-TOTAL \$ 50.00

TOTAL (if last page of this schedule)

\$

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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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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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
06/23/05	ID# CK#	Joann L. Wells 256 Newburg Road Grimmell, Ia 50112		5.00	
01/07/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	
01/21/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	
02/04/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	
02/18/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	
03/04/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	
03/18/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	
04/01/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	
04/15/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	
04/29/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grimmell, Ia 50112		5.00	

SUB-TOTAL \$ 50.00

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)

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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 FOR FUND-RAISER INCOME
05/13/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grinnell, Ia 50112		5.00	
05/27/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grinnell, Ia 50112		5.00	
06/10/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grinnell, Ia 50112		5.00	
06/23/05	ID# CK#	Justin B. Wells 256 Newburg Rd Grinnell, Ia 50112		5.00	
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 26.00	
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 relative) 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
01/21/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
02/04/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
SUB-TOTAL				\$ 14.50	
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 <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
02/18/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
03/04/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
03/18/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
04/01/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
04/15/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
04/29/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
05/13/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
05/27/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
06/10/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	
06/23/05	ID# CK#	Linda J. Winchell 315 2nd Avenue Grinnell, Ia 50112		2.50	

SUB-TOTAL \$ 25.00

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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
01/07/05	ID# CK#	Unitemized Receipt		1.00	
01/21/05	ID# CK#	Unitemized Receipt		1.00	
02/04/05	ID# CK#	Unitemized Receipt		1.00	
02/18/05	ID# CK#	Unitemized Receipt		1.00	
03/04/05	ID# CK#	Unitemized Receipt		1.00	
03/18/05	ID# CK#	Unitemized Receipt		1.00	
04/01/05	ID# CK#	Unitemized Receipt		1.00	
04/15/05	ID# CK#	Unitemized Receipt		1.00	
04/29/05	ID# CK#	Unitemized Receipt		1.00	
05/13/05	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
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)*

VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
05/27/05	ID# CK#	Unitemized Receipt		1.00	
06/10/05	ID# CK#	Unitemized Receipt		1.00	
06/23/05	ID# CK#	Unitemized Receipt		1.00	
01/07/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
01/21/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
02/04/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
02/18/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
03/04/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
03/18/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
04/01/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	

SUB-TOTAL \$ 20.50

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 relative) 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> VERIZON IOWA STATE GOOD GOVERNMENT CLUB

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
04/15/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
04/29/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
05/13/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
05/27/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
06/10/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	
06/23/05	ID# CK#	Nicki J. Yuska 505 7th St Belle Plaine, Ia 52208		2.50	

SUB-TOTAL	\$ 15.00
TOTAL (if last page of this schedule)	\$ 2,838.67

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B	MONETARY
(Rev. 09/97)	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)*
VERIZON IOWA STATE GOOD GOVERNMENT CLUB

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/07/05	ID# CR# 00141	Brunkhost for Senate Bob Brunkhost 419 3rd Avenue SW Waverly, Ia 50677	State Senate General 2005/ia09 Political Contribution	100.00
06/17/05	ID# CR# 00142	Committee to Elect Matt McCoy Matthew McCoy 4720 Woodland Ave. Des Moines, Ia 50320	State Senate General 2005/sd31 Political Contribution	100.00
SUB-TOTAL				\$ 200.00
TOTAL (if last page of this schedule)				\$ 200.00

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).)