

Reset Form

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Iowans for Nussle

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Capitol Resources		
Mailing Address		
700 E. Pleasant St.		
City	State	Zip Code
Brooklyn, IA		52211

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>January 2005</u>	\$ <u>108,500.00</u>
To <u>November 2006</u>	

ESTIMATES OF PERFORMANCE

Professional fundraising service

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

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

SUB-TOTAL	\$
TOTAL (If last page of this schedule)	\$

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

Iowans for Nussle

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Marlys Popma		
Mailing Address		
10411 N. 51st Ave. W		
City	State	Zip Code
Colfax, IA		50054

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 2005</u>	\$ <u>54,000.00</u>
To <u>November 2006</u>	

ESTIMATES OF PERFORMANCE

Grassroots consulting

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

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

SUB-TOTAL	\$
TOTAL (if last page of this schedule)	\$

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

Iowans for Nussle

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Steve Greiner		
Mailing Address		
7305 Beechwood Dr.		
City	State	Zip Code
Springfield, VA		22153

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 2005</u>	\$ <u>61,000.00</u>
To <u>November 2006</u>	

ESTIMATES OF PERFORMANCE

Strategic political advice and counsel

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

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

SUB-TOTAL	\$
TOTAL (if last page of this schedule)	\$

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

Iowans for Nussle

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Vicky Vermaat		
Mailing Address		
301 Frankfort Ave. NE, No. 114		
City	State	Zip Code
Orange City, IA		51041

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 2005</u>	\$ <u>36,000.00</u>
To <u>November 2006</u>	

ESTIMATES OF PERFORMANCE

Grassroots consulting

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

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

SUB-TOTAL	\$
TOTAL (if last page of this schedule)	\$

Reset Form

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
 DEC - 8 2006
 FILED PM 12:5

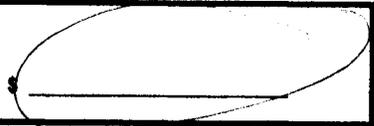
COMMITTEE NAME (Must be same as on Statement of Organization)
 Iowans for Nussle

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

PART I- NAME AND ADDRESS OF CONSULTANT

Name of Consultant Mentzer Media			
Mailing Address 600 Fairmount Ave., Suite 306			
City	State	Zip Code	
Towson, MD		21286	

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
11/02/05	NCC	TV/Cable airing	\$ 18,612.00
11/02/05	7 radio stations/Sioux City	Radio airing	7,710.00

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 11/01/2005	
To 11/15/2006	

ESTIMATES OF PERFORMANCE

Arrange and purchase media time

SUB-TOTAL \$ 26,322.00
TOTAL (if last page of this schedule) \$ 26,322.00