

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1534
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Computer	
Audited	

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

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Brian H. Schoenjohn Political Party (if applicable): Democrat
 Office Sought: State Senate District (If Senate or House): 12

Late reports are subject to possible civil and criminal penalties.

Jeri L. Watson 503/633-3995 1-18-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Jan 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 2

CHECK IF AMENDMENT TO REPORT DATED JAN 18 2006

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____
 County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 9012.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 5103.56

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 2465.08

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 14651.02

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 28.73

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Citizens for Schoenjahn

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-19-05	ID# CK# 9770	Craig T. Nielsen 8620 Titleist Circle Las Vegas, NE 68117	N/A	\$ 300-	<input type="checkbox"/>
1-19-05	ID# CK#	Susan E. Jenkins 101 2nd Ave Apt 507 Des Moines, IA 50309	N/A	10-	<input type="checkbox"/>
2-11-05	ID# CK#	Gene Fuelling 35 Wildwood Lane Oelwein, IA 50662	N/A	100-	<input type="checkbox"/>
4-28-05	ID# CK# 33191	Essman/Associates (Radio Reform) 100 E Grand Suite 300 Des Moines, IA 50309		326 ⁵⁶ / ₁₀₀	<input type="checkbox"/>
7-26-05	ID# 6046 CK# 3987	Justice For All PAC 218 6th Ave Ste 524 Des Moines, IA 50309	N/A	250-	<input type="checkbox"/>
7-26	ID# 6052 CK# 2901	Independent Insurance Agents of Iowa PAC 4000 Westown Pky Suite 200 West Des Moines, IA 50265	N/A	100-	<input type="checkbox"/>
7-26	ID# 6058 CK# 2638	Iowa Chiropractic Society PAC 1805 N. Ankeny Blvd, Suite 100 Ankeny, IA 50021	N/A	100-	<input type="checkbox"/>
7-26	ID# 6118 CK# 2203	Iowa Optometric Assn. PAC 1454 30th Street, Ste 204 West Des Moines, IA 50266	N/A	250-	<input type="checkbox"/>
7-29	ID# CK# 4039	Robert E. Jasten 801 Grand, Suite 3900 Des Moines, IA 50309	N/A	150-	<input type="checkbox"/>
8-8	ID# CK#	Unitemized		132-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$1718 ⁵⁶/₁₀₀

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

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

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

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

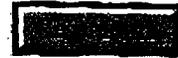
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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8-8-05	ID# CK# 4284	Jean Hall PO Box 305 Etkon IA 52093	N/A	\$ 25-	<input checked="" type="checkbox"/>
8-8	ID# CK# 11853	Diane Garry 410 2nd Street NW Independence, IA 50644	N/A	40-	<input checked="" type="checkbox"/>
8-8	ID# CK# 1081	Rick Dickinson PO Box 56 Dubuque, IA 52004	N/A	40-	<input checked="" type="checkbox"/>
8-8	ID# CK# 1111	Bruce L. Brailey 247 Sheridan Road Waterloo, IA 50701	N/A	50-	<input checked="" type="checkbox"/>
8-8	ID# CK# 6243	Wilma Priebe 1104 6th Street NE Independence, IA 50644	N/A	10-	<input checked="" type="checkbox"/>
8-8	ID# CK# 8426	Mary A Klotzbach 401 3rd Ave SW Independence, IA 50644	N/A	50-	<input checked="" type="checkbox"/>
8-8	ID# CK# 6727	William J. Hickey 314 6th Ave SW Independence, IA 50644	N/A	50-	<input checked="" type="checkbox"/>
8-8	ID# CK# 2642	James E. Rozendaal 913 5th Street SW Independence, IA 50644	N/A	25-	<input checked="" type="checkbox"/>
8-8	ID# CK# 10033	Edward Zimmer 501 2nd Ave NE Independence, IA 50644	N/A	25-	<input checked="" type="checkbox"/>
8-8	ID# CK# 1069	Francis Toole 1573 245th Street Independence, IA 50644	N/A	25-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 340-	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Citizens for Schoenjohn

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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8-8-05	ID# CK# 8471	Mary C. Mahony 702 7th Street NE Independence, IA 50644	N/A	\$ 25 --	<input type="checkbox"/>
8-8	ID# CK# 3232	Irma O. Hopkins PO Box 468 Jesup, IA 50648	N/A	25 -	<input type="checkbox"/>
8-8	ID# CK# 10457	Wilma Welsh PO Box 244 Fairbank Iowa 50629	N/A	25 -	<input type="checkbox"/>
8-15-05	ID# CK#	Unitemized	N/A	25 --	<input type="checkbox"/>
8-15	ID# CK# 4942	Judith C. Schenstain 298 E. Bridge Street Elkader, IA 52043	N/A	25 -	<input checked="" type="checkbox"/>
8-15	ID# CK# 8389	Iva Nell Dinan 30842 Dinan Elkader, IA 52043	N/A	15 -	<input type="checkbox"/>
8-15	ID# CK# 9531	Arthur W. Moelkering 505 E Centre Street Cavayillo, IA 52049	N/A	10 -	<input type="checkbox"/>
8-15	ID# CK# 3605	Joseph Lam 515 Ave Street Cutterburg, IA 52052	N/A	20 -	<input type="checkbox"/>
8-15	ID# CK# 15646	Patrick J. Murphy 155 N. Broadview Ave Dubuque, IA 52001	N/A	25 --	<input type="checkbox"/>
8-15	ID# CK# 344	Richard Dinan 704 N Main Street Elkader, IA 52043	N/A	25 -	<input type="checkbox"/>

SUB-TOTAL

\$220

TOTAL (If last page of this schedule)

\$

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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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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
8-15-05	ID# CK# 107D	Frank Phippen 300 Chestnut Street Elkader, IA 52043	N/A	\$ 25-	<input type="checkbox"/>
8-15	ID# CK# 10135	Deen Stegen 430 Elkader Street Strawberry Pt. IA 52076	N/A	25-	<input type="checkbox"/>
8-15	ID# CK# 4127	Larry Gibbs PO Box 445 Cornville, IA 52049	N/A	25-	<input type="checkbox"/>
8-15	ID# CK# 1590	Max D. Grover 2945 King Ave Rowley, IA 52329	N/A	25-	<input type="checkbox"/>
9-9	ID# 6351 CK# 1070	Petroleum Marketers Convenience Stores of Iowa PAC 1303 50th West Des Moines, IA 50244	N/A	350-	<input type="checkbox"/>
9-9	ID# 1534 CK# 10581	Waste Management PAC 401 Pennysylvania Ave. NW Suite 300 North Bldg. Washington DC 20004	N/A	250	<input type="checkbox"/>
9-15	ID# CK# 4968	Beverly Brink 106 High Street NE Elkader, IA 52043	N/A	25-	<input type="checkbox"/>
9-24	ID# 6098 CK# 3397	Iowa Bev PAC 321 E Walnut Suite 310 Des Moines, IA 50309-2024	N/A	300-	<input type="checkbox"/>
9-29	ID# CK# 3107	Mark D. Wagover 613 St. George Road Danville, CA 94524	Brother-in-Law	500-	<input type="checkbox"/>
10-25	ID# CK# 10684	Rosemary Thorneo 17658 Domino Road Elkader, IA 52043	N/A	50	<input type="checkbox"/>
SUB-TOTAL				\$ 1575-	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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

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

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

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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
10-25	ID# CK# 3139	Mark D. Warner 413 St. George Road Denville, CA 94524	Brother-in-law	\$ 500-	<input type="checkbox"/>
12-12-05	ID# 8025 CK# 10704	Craig H. Nelson 8620 Titleist Circle Las Vegas, NEVADA 89117	—	200-	<input type="checkbox"/>
12-28-05	ID# 6429 CK# 1974	Heavy Highway PAC 2415 Ingerson Ave Des Moines, IA 50312-5233	—	250-	<input type="checkbox"/>
1-6-06	ID# CK# 5557	Kathleen A. Ferguson 1150 Columbus Drive Waterloo, IA 50702	—	25-	<input type="checkbox"/>
1-6-06	ID# CK# 3037	Gregory R. Schmitz 32045 Willow Ave New Hartford, IA 50660	—	25-	<input type="checkbox"/>
1-13-06	ID# CK# 1700	Bernard Goldstein Trust dated 2/9/01 2117 State Street Bettendorf, IA 52722	—	250-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1250-

TOTAL (if last page of this schedule)

\$ 5103.50

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

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

Citizens for Schoenjohn

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-22-05	ID# CK# <i>Debit</i>	<i>Farmers Savings Bank PO Box 220 Arlington IA 50606</i>	<i>Service charge</i>	\$ 1.07
2-22	ID# CK# <i>Debit</i>	<div style="font-size: 4em;">}</div>	<div style="font-size: 4em;">}</div>	1.07
3-21	ID# CK# <i>Debit</i>			1.07
4-21	ID# CK# <i>Debit</i>			1.07
5-21	ID# CK# <i>Debit</i>			1.07
6-20	ID# CK# <i>Debit</i>			1.07
7-20	ID# CK# <i>Debit</i>			1.07
8-20	ID# CK# <i>Debit</i>			1.07
SUB-TOTAL				\$ 8.54
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

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

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-26-05	ID# CK# <i>Debit</i>	<i>Farmers Savings Bank PO Box 220 Arlington IA 52604</i>	<i>Service Charge</i>	\$ 1.07
10	ID# CK# <i>Debit</i>	↓	↓	1.07
11	ID# CK# <i>Debit</i>			1.07
12	ID# CK# <i>Debit</i>			1.07
7-1	ID# CK# <i>1082</i>	<i>Carter Printing 1739 E. Grand Ave Des Moines, IA 50314</i>	<i>Campaign cards 500</i>	<i>398⁵⁶</i>
8-19	ID# CK# <i>1083</i>	<i>IA Senate Majority Fund 1408 Locust Des Moines, IA 50309</i>	<i>fund raiser mailing</i>	<i>700-</i>
8-26	ID# CK# <i>1084</i>	<i>IDP Senate Fund 5661 Fleur Drive Des Moines, IA 50321</i>	<i>General Contribution</i>	<i>1000-</i>
10-6	ID# CK# <i>1085</i>	<i>Carter Printing 1739 E. Grand Ave Des Moines, IA 50314</i>	<i>Business cards 500</i>	<i>71.68</i>
SUB-TOTAL				\$ <i>2174⁵²</i>
TOTAL (if last page of this schedule)				\$

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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COMMITTEE NAME (Must be same as on Statement of Organization)
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11-21-05	ID# CK# 1086	Clayton County Register PO Box 130 Elkader, IA 52043	newspaper subscription 1 year	\$33-
12-7-05	ID# CK# 1087	The Winthrop News PO Box 9 Winthrop, IA 50682	subscription 1 yr	27-
12-8-05	ID# CK# 1088	Independence Bulletin - Journal PO 290 Independence, IA 50644	subscription 1 year	47-
12-16-05	ID# CK# 1089	The Guttenburg Press Box 937 Guttenburg, IA 52052	subscription 1 year	33-
12-19-05	ID# CK# 1090	Newspapers of Fayette County PO Box 99 Elgin, IA 52141	subscription 2 yr	86-
1-16-06	ID# CK# 1091	Press - Journal PO Box 70 Strawberry Pt., IA 52376	1 yr subscription	26-
1-16-06	ID# CK# 1092	La Porte City Printing & Design, Inc 313 Main Street La Porte City, IA 50651	1 yr subscription	30-
	ID# CK#			
SUB-TOTAL				\$ 282-
TOTAL (if last page of this schedule)				2465.08

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

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

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

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



DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/18/05	Iowa Democratic Party 5661 Fleur Drive Des Moines, Iowa 50321		Fundraiser materials mailing, postage, room rent	\$ 28.73	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 28.73
TOTAL (if last page of this schedule) \$ 28.73

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