

#2

Oct 19

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

| | |
|---|----------------------|
| FORM DR-2 (Rev. 12/2005) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | 11684 |
| Logged In | S R |
| Scanned | |
| Computer | |
| Audited | |
| File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701 | |

COMMITTEE NAME (Must be same as on Statement of Organization)
Bleth for State House (1694)

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: Nancy Bleth Political Party (if applicable): Dem
 Office Sought: State Representative District (if Senate or House): 56

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

Richard A Bleth SIGNATURE OF PERSON FILING REPORT 712-566-2827 TELEPHONE Oct 16, 2007 DATE SIGNED

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

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 DR-3 is filed.)

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

STATEMENT OF CASH ON HAND

| | | |
|--|--------|--------------------------|
| CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) | \$ | <u>1430¹⁰</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | <u>3905⁰⁰</u> |
| Schedule F: Loans Received total (Attach Schedule F) | | <u>—</u> |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | | <u>—</u> |
| (Schedule H applies to Candidates' Committees Only) | | |
| SUB-TOTAL | \$ | <u>5335¹⁰</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | | <u>2260⁶⁸</u> |
| Schedule F: Loan Repayments total (Attach Schedule F) | | <u>—</u> |
| CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) | \$ | <u>3074⁴²</u> |
| *UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | <u>—</u> |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>9080</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ | <u>—</u> |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | YES NO | |
| CANDIDATE COMMITTEES ONLY: | | |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | \$ | <u>—</u> |
| STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year. | | |

2 mlp
08/19

For Instructions, See Back of Form

Reset 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)
Bleth for State House

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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 |
|---------------------------------------|--|--|--|-----------------|-----------------------------|
| 7-17-06 | ID# CK# 5250 | George/Kathy Winther 2683 Moss Hills Trail Missouri Valley, IA 51555 | | \$ 25 - | <input type="checkbox"/> |
| 7-17-06 | ID# CK# 2116 | Edith Bgll - Pat Hart 1166 Madison Lane Pisgah, IA. 51564 | | 100 - | <input type="checkbox"/> |
| 7-17-06 | ID# CK# 2332 | Barney Murphy 307 11th St Dunlap, IA 51529 | | 50 - | <input type="checkbox"/> |
| 7-18-06 | ID# CK# 8223 | Vosco Partnership 25232 Jaguar Loop Underwood IA 51576 | | 100 - | <input type="checkbox"/> |
| 7-18-06 | ID# CK# 1736 | Sim-Ruth Schaben 1104 Ucon Ave Dunlap, Ia. 51527 | | 50 - | <input type="checkbox"/> |
| 7-20-06 | ID# CK# 4704 | Warren-Linda Brewer Box 38 Crescent, Ia 51526 | | 25 - | <input type="checkbox"/> |
| 7-22-06 | ID# CK# 3631 | Sheila A. Ryan 27063 240th St Underwood, Ia 51576 | | 100 - | <input type="checkbox"/> |
| 7-22-06 | ID# CK# 1456 | Duane Benson 510 Holden Oaks Dr Council Bluffs, IA 51503 | | 25 - | <input type="checkbox"/> |
| 2-22-06 | ID# CK# 4666 | Kelly-Joan Scott 249 Centenary Cr. C.B. 51503 | | 10 - | <input type="checkbox"/> |
| 2-24-06 | ID# CK# 7099 | Mend. Dohse 25174 Edlewood Rd. Underwood Ia 51576 | Niece | 100 - | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 585 | |
| TOTAL (if last page of this schedule) | | | | \$ | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Oct 19

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)
Bleth for State House

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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.

585

| 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 |
|--------------------------|--|--|--|-----------------|-----------------------------|
| 7-24-06 | ID# CK# 1513 | Kenneth Mertes 26075 Highway K45 Onawa, Ia 51040 | | \$ 100- | <input type="checkbox"/> |
| 7-27-06 | ID# CK# 9002 | Kathleen Wakefield 624-3 rd St. Underwood, Ia 51576 | | 25- | <input type="checkbox"/> |
| 7-31-06 | ID# CK# 6675 | Russell - Joan Haesler 2915 18 th St. Honey Creek, Ia 51542 | | 25- | <input type="checkbox"/> |
| 8-2-06 | ID# CK# 3612 | Dan - Chris Steger 834 McKenzie ave C.B. Ia 51503 | | 25- | <input type="checkbox"/> |
| 8-8-06 | ID# CK# 7358 | Joe - Sandra Vacanti 12272 Woodland Trail C B Ia 51503 | | 25- | <input type="checkbox"/> |
| 8-10-06 | ID# CK# 3077 | Rosmary Over-Holtzer 216 Winchester Ct. C.B. Ia 51503 | | 50- | <input type="checkbox"/> |
| 8-11-06 | ID# CK# 8082 | Vincent - Katherine Wiley 351 Pike Ct Whiting, Ia 51063 | | 25- | <input type="checkbox"/> |
| 8-11-06 | ID# CK# 1605 | Patt County Dem. Cent. Comm. P.O. Box 233 C.B. Ia 51503 | | 250- | <input type="checkbox"/> |
| 8-13-06 | ID# CK# 1825 | Patricia Thomas 1033 Arbor Ridge Cir. C.B. Ia 51503 | | 150 | <input type="checkbox"/> |
| 8-16-06 | ID# CK# 8660 | Pete - Susan Poulos 1939 Washboard Road C B Ia 51503 | | 50- | <input type="checkbox"/> |

SUB-TOTAL

\$ 725

1310

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Oct. 14

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)
Bleth for State House

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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.

1310

| 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 |
|--|--|--|--|--------------------|-----------------------------|
| 8-18-06 | ID# CK# | Bill + Beth Dohse underwood Ia 51576 | Brother | \$100 ⁻ | <input type="checkbox"/> |
| 8-18-06 | ID# CK# 6621 | Thomas - Kathryn Whitson 27597 Highway 6 McClelland Ia 51548 | | 100 ⁻ | <input type="checkbox"/> |
| 8-18-06 | ID# CK# 11704 | Michael Hecker 11003 2nd St. Silver City Ia 51571 | | 25 ⁻ | <input type="checkbox"/> |
| 8-28-06 | ID# CK# 6657 | Donna Y. Mriesch 2573 Rainbow Dr Casper, WY 82604 | | 25 ⁻ | <input type="checkbox"/> |
| 9-2-06 | ID# CK# 8723 | Roger F. Wendt 2213 Seneca way Sioux City Ia 51104 | | 50 ⁻ | <input type="checkbox"/> |
| 9-2-06 | ID# CK# 2467 | James W. Schaben Sr 3819 Hwy 37 Dunlap, Ia 51529 | | 100 ⁻ | <input type="checkbox"/> |
| 9-2-06 | ID# CK# | Dalbert & Yvonne Heisterkamp 823 17th St. Whiting Ia, 51063 | | 10 ⁻ | <input type="checkbox"/> |
| 9-7-06 | ID# CK# 2234 | Merle/Marjorie Bass 419 N 3rd Missouri Vally Ia 51555 | | 25 ⁻ | <input type="checkbox"/> |
| 9-15-06 | ID# ISEA Pac CK# CEID 6086 13529 | ISEA Pac 777 3rd St. Des Moines, Ia 50309 | | 100 | <input type="checkbox"/> |
| 9-21-06 | ID# CK# 712 | Monona County Democrats 1019 7th St Dnawa Ia 51040 | | 750 | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$1285 | 2595 |
| TOTAL (if last page of this schedule) | | | | \$ | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Done Oct 19

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)
Bleth for State House

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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.

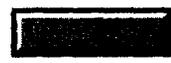
2595

| 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 |
|--|--|---|--|---------------------|-----------------------------|
| 9-23-06 | ID# 6144 CK# 419 | Northwest Iowa Labor Council 3038 S. Lakeport Sioux City, IA 51106 | | \$ 100 ⁻ | <input type="checkbox"/> |
| 9-25-06 | ID# CK# 3406 | Will Reger 315 Park Ave. C.B. 51503 | | 25 ⁻ | <input type="checkbox"/> |
| 9-25-06 | ID# 6439 CK# 2043 | Council of State of Iowa Cape Fund 369 California St. Waterloo, Ia 50703 | | 200 ⁻ | <input type="checkbox"/> |
| 10-2-06 | ID# 6060 CK# 2481 | Iowa Committee on Political Reform 2000 Walker St. #471-570 Des Moines, Ia. 50317 | | 150 ⁻ | <input type="checkbox"/> |
| <i>See attached</i> 10-6-06 | ID# CK# 2317 | All American PAC 607 14th St. NW. Suite 800 Washington, D.C. 20005 | | 100 ⁻ | <input type="checkbox"/> |
| 10-8-06 | ID# CK# 9133 | Ann Tradis 1020 Willow Lane Sidney, Ia 51652 | | 15 ⁻ | <input type="checkbox"/> |
| 10-8-06 | ID# CK# 4300 | Michael S. Hall 708 Valley View Dr. Apt 11 C.B. Ia. 51503 | | 50 ⁻ | <input type="checkbox"/> |
| 10-12-06 | ID# CK# 7634 | Elaine Pierce Petersen 306 Elk Ridge Drive Papillion, Ne. 68046 | | 25 ⁻ | <input type="checkbox"/> |
| 10-12-06 | ID# CK# 6229 | Chris Bern 802 S. 1st St Knoxville Ia 50138 | | 20 ⁻ | <input type="checkbox"/> |
| 10-12-06 | ID# CK# 3667 | John Phillips 1110 Broadway Red Oak, Ia. 51566 | | 25 ⁻ | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 710 | 3305 |
| TOTAL (if last page of this schedule) | | | | \$ | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Due Oct 19

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)
Bleth for State House

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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.

3305

| 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 |
|--------------------------|--|--|--|-----------------|-----------------------------|
| 10-17-06 | ID# CK# 5335 | Kathleen Winter 2683 Loess Hills Trail Missouri Valley, Ia 51556 | | \$ 20- | <input type="checkbox"/> |
| 10-12-06 | ID# CK# 0266 | IBEW local #22 8946 "L" St. Omaha, Neb. 68127 | | 500- | <input type="checkbox"/> |
| 10-12-06 | ID# CK# | Monona County Democrats Pass the hat | | 80- | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <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
\$
TOTAL (If last page of this schedule)
\$ 3905

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

#2

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03) MONETARY EXPENDITURES

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.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) Bleth for State House

Table with 5 columns: 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. Includes rows for Carter Printing, U.S.P.O., Crescent Connection, Neola Gazette, Logan Herald-observer, and Dunlap Reporter.

SUB-TOTAL \$1933.68 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

Reset 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)
Robert Bleth for State House

| 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 |
|---------------------------------------|--|--|--------------------------------|-----------------|
| | | | | 1833.68 |
| 10-10-06 | ID# CK# 2011 | <i>Onawa Democrat Onawa, Ia 51040</i> | <i>advertisement</i> | \$ 70 - |
| 10-10-06 | ID# CK# 2012 | <i>Onawa Sentinel Box 208 Onawa, Ia 51040</i> | <i>advertisement</i> | 70 - |
| 10-10-06 | ID# 2013 CK# 2013 | <i>Mo. Vally Times Missouri Valley, Ia 51555</i> | <i>advertisement</i> | 287 - |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 2260.68 |
| TOTAL (if last page of this schedule) | | | | \$ 2260.68 |

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

| | |
|---|--------------------------|
| 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)
Bleth for State House

Reset Form

| 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 |
|--------------------------|--|---|-------------------------------------|-----------------------------|-----------------------------------|
| 10-10-06 | ISEA, Pac. 747 3 rd St Des Moines, Ia 50309 | | Name list | \$ 10 ⁻ | <input type="checkbox"/> |
| 10-11-06 | Sally Vitumvus Silver City Ia. | | 20 t-shirts | 80 ⁻ | <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 \$ 96⁻
TOTAL (if last page of this schedule) \$ 90⁻

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.