

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)

Chet Culver Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Brain Storm Campaign Policy Group		
Mailing Address 1690 East Strasburg Road		
City	State	Zip Code
West Chester, PA		19380

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 7, 2006</u>	\$ <u>18,000.00</u>
To <u>November 7, 2006</u>	

ESTIMATES OF PERFORMANCE

Communications Consultant

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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Chet Culver Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Cunningham Harris & Associates		
Mailing Address 201 Grand Central Avenue		
City	State	Zip Code
Ripley, WV		25271

CONTRACT PERIOD (MM/DD/YR)

**TOTAL ANTICIPATED
COMPENSATION FOR
PERFORMANCE**

From <u>June 7, 2006</u>	\$ <u>35,000.00</u>
To <u>November 7, 2006</u>	

ESTIMATES OF PERFORMANCE

Fund-raising Consultant

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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Chet Culver Committee

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 Global Strategy Group		
Mailing Address 895 Broadway, 5th Floor		
City New York, NY	State NY	Zip Code 10003

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 7, 2006</u>	\$ <u>170,000.00</u>
To <u>November 7, 2006</u>	

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

ESTIMATES OF PERFORMANCE

Polling

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

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)

Chet Culver Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant John Hedgecoth		
Mailing Address 6244 Rockwell Drive #104		
City	State	Zip Code
Cedar Rapids, IA		52402

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 19, 2006</u>	\$ <u>25,000.00</u>
To <u>November 7, 2006</u>	

ESTIMATES OF PERFORMANCE

Strategic Consultant

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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

Chet Culver Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Link Strategies		
Mailing Address 300 Walnut Street, Suite 5		
City Des Moines, IA	State	Zip Code 50309

CONTRACT PERIOD (MM/DD/YR) From <u>08/01/2006</u> To <u>11/07/2006</u>	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE \$ <u>8,000.00</u>
--	--

ESTIMATES OF PERFORMANCE

Communications / Press consultant

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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

Chet Culver Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Media Strategies & Research		
Mailing Address		
1580 Lincoln Street #510		
City	State	Zip Code
Denver, CO		80206

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>06/07/2006</u>	\$ <u>2,761,553.00</u>
To <u>11/07/2006</u>	

ESTIMATES OF PERFORMANCE

Compensation is for ad time and placement

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
	See "Schedule G Attachment"	media buys	\$ 2,238,443 ⁷⁷

SUB-TOTAL	\$ 2,238,443 ⁷⁷
TOTAL (if last page of this schedule)	\$ 2,238,443 ⁷⁷

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)

Chet Culver Committee

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		
Neil Swanson		
Mailing Address		
441 W 58th Terrace		
City	State	Zip Code
Kansas City, MO		64113

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 7, 2006</u>	\$ <u>7,500.00</u>
To <u>November 7, 2006</u>	

ESTIMATES OF PERFORMANCE

Website development & maintenance

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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Chet Culver Committee

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		
PAD Consulting		
Mailing Address		
3200 North Lake Shore Drive #2201		
City	State	Zip Code
Chicago, IL		60657

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 7, 2006</u>	\$ <u>30,000.00</u>
To <u>November 7, 2006</u>	

ESTIMATES OF PERFORMANCE

Consulting on field program

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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Chet Culver Committee

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Struble Eichenbaum Communication		
Mailing Address 700 Seventh Street SE		
City Washington, DC 20003	State	Zip Code

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>June 7, 2006</u> To <u>November 7, 2006</u>	\$ <u>50,000.00</u>

ESTIMATES OF PERFORMANCE

Media / Communications

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)	\$