

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
7006 0100 0004 0226 9489-C
SHOMSHOR FOR IOWA HOUSE

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: **PAUL SHOMSHOR** Political Party (if applicable): **DEMOCRAT**
 Office Sought: **IOWA HOUSE** District (if Senate or House): **100**

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUN - 6 2006
FILED PM 6-2

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1490
Logged in	W
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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.

Paul Shomshor 712-325-0638 06/02/06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 06/02/06 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>\$ 16,026.46</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>5,981.00</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>22,007.46</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>22,007.46</u>
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>\$ 750-</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>\$ 1,068.75</u>
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>- 0 -</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>- 0 -</u>
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

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)
 SHOMSHOR FOR IOWA 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.

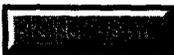
CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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
05/11/2006	ID# 6058 CK# 2749	IOWA CHIROPRACTIC SOCIETY 1605 N. ANKENY BLVD- SEE 100 ANKENY IA 50021	5/11/06	\$ 100.00	<input type="checkbox"/>
05/15/06	ID# CK# 1200	JAMES THORN 310 KANESVILLE COUNCIL BLUFFS IA 51503	5/15/06	100.00	<input type="checkbox"/>
05/16/06	ID# CK# 1943	ALL AMERICA PAC 607 1474 ST NW-800 WASHINGTON DC 2005		250.00	<input checked="" type="checkbox"/>
05/17/06	ID# CK# 6375	TOM WHITSON 275 97 HWY 6 MC CLELLAND IA 51548		250.00	<input type="checkbox"/>
05/17/06	ID# 6027 CK# 2414	DEERE PAC 666 GRAND-1707 DES MOINES IA 50309		500.00	<input type="checkbox"/>
05/18/06	ID# CK# 1017	JOE BATEMAN 106 SHOAL DR CORNER LAKE IA 51510		200.00	<input type="checkbox"/>
05/18/06	ID# CK# 5238	DAN HAGEN 1920 RUE-11 COUNCIL BLUFFS IA 51503		100.00	<input type="checkbox"/>
05/18/06	ID# CK# 1701	PAYLETTE CRANER 3629 S. 107TH AVE CIR OMAHA NE 68124		25.00	<input type="checkbox"/>
05/19/06	ID# CK# 470	MARCUS SWIFT 10636 ELLISON PLAZA-#11 OMAHA NE 68134		25.00	<input checked="" type="checkbox"/>
05/19/06	ID# CK# 252	ZBEW - LOCAL 72-COPE FUND 8946 L STREET OMAHA NE 68127		500.00	<input type="checkbox"/>

SUB-TOTAL
 \$ 2,050.00
 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)
 SHOMSHOR FOR IOWA HOUSE

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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.

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05/19/06	ID# CK# 1366	IRONWORKERS - LOCAL 22 LEGISLATIVE 14515 INDUSTRIAL RD OMAHA NE 68144		\$ 500.00	<input type="checkbox"/>
05/19/06	ID# CK# 2461	POBIER BEAN 539 DELONG AVE COUNCIL BLUFFS IA 51503		100.00	<input type="checkbox"/>
05/19/06	ID# CK# 1180	PHILIP MEYER 341 WOODLAND DR COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
05/19/06	ID# CK# 5756	JEAN HANGLAND 6750 SCHOOL ST. UNIT-1402 DES MOINES IA 50311		100.00	<input type="checkbox"/>
05/20/06	ID# CK#	PASS THE HAT-CASH		116.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 6776	POB WILSON 311 WOODBURY COUNCIL BLUFFS IA 51501		20.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 1424	DL WEBMAN 3035 AVE L COUNCIL BLUFFS IA 51501		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 12344	BILL KEISTER 1235 WEDGEWOOD COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 6425	MADINE KEITH 415 OAKLAND AVE COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 3697	ANN CARPENTER 33 INDIAN HILLS COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 986.00	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
SHOMSHOR FOR IOWA HOUSE

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05/20/06	ID# CK# 4947	MARILYNN LEBBIO 18317 NORTH LINE DR COUNCIL BLUFFS IA 51503		\$ 25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 6323	GAIL KENKEL 407 W GRAHAM COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 5289	WAYNE KOBBERDAHL 114 NORWOOD DR COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 7181	RICHARD PHILPOT 501 FOREST DR. COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 1952	MARVIN ARMPRIESTER 11 S. FIRST ST. COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 1806	WALT PYPER 838 TIMBERCREST COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 1307	LARRY FRITZ 116 MCKENZIE CIRCLE COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 1351	SUE LETT 1020 N. 26TH ST. COUNCIL BLUFFS IA 51501		50.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 16321	TRENT DODDER 216 CLOVERDALE COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 6044	PAM KINNEY 600 OKLUND AVE COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 325.00	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
SITHOMSHOR FOR IOWA HOUSE

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05/20/06	ID# CK# 2243	JIM DUGDOFF 4180 CHICAGO OMAHA NE 68131		\$ 50.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 3530	MARK HARRISON 2101 AVE I COUNCIL BLUFFS IA 51501		50.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 7532	CHERYL PUNTNEY 143-15TH AVE COUNCIL BLUFFS IA 51503		75.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 1043	MIKE MARVIN 2520 SHARON DR OMAHA NE 68112		100.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 5245	PAUL BASS 119 UPLAND DR COUNCIL BLUFFS IA 51503		100.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 3297	WILL RICE 315 PARK AVE COUNCIL BLUFFS IA 51503		100.00	<input checked="" type="checkbox"/>
05/20/06	ID# CK# 2294	BONNY MURPHY 387 N 11TH ST DUNLAP IA 51529		100.00	<input checked="" type="checkbox"/>
05/21/06	ID# CK# 2201	DON DEANE 15946 ARBOR CIRCLE OMAHA NE 68130		100.00	<input type="checkbox"/>
05/22/06	ID# CK# 6746	RITA SEALOCK 1011 SIMMS AVE COUNCIL BLUFFS IA 51503		100.00	<input type="checkbox"/>
05/25/06	ID# CK#	PASS THE HAT CASH		90.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 865.00	
TOTAL (if last page of this schedule)				\$	

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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)
SIOMSHOR FOR IOWA HOUSE

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05/20/06	ID# CK# 6543	DICK CHRISTIE 233 TURLEY AVE COUNCIL BLUFFS IA 51503		\$ 50.00	<input type="checkbox"/>
05/22/06	ID# 6331 CK# 1056	TEAMSTERS - LOCAL 554 DRIVE 4349 SOUTH 90TH ST. OMAHA NE 68127		500.00	<input checked="" type="checkbox"/>
05/23/06	ID# CK# 4485	GREG SCARSON 311 HAPPY HOLLOW BLVD OMAHA NE 68132		100.00	<input type="checkbox"/>
05/23/06	ID# CK# 4 6985	GRANT DEAN 56082 221ST ST. GLENWOOD IA 51534		50.00	<input type="checkbox"/>
05/24/06	ID# CK# 4380	HELEN MILLER 1936 15TH AVE COUNCIL BLUFFS IA 50501		50.00	<input type="checkbox"/>
05/25/06	ID# CK# 4417	MARTHA BELL BOX 369 ATLANTIC IA 50022		50.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 7211	BOB PODDER 216 CLOUFDALF COUNCIL BLUFFS IA 51501		25.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 5958	ED BREMMER 1232 FAIRMONT AVE COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 3728	JFANNE TRACHTA 114 NORWOOD DR COUNCIL BLUFFS IA 51503		20.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 1395	JAN SUTHERLAND 34 HILLSDALE COUNCIL BLUFFS IA 51503		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 890.00	
TOTAL (if last page of this schedule)				\$	

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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)
SHOWSHOW FOR IOWA HOUSE

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05/25/06	ID# CK# 6779	PAM WILSON 311 WOODBURY COUNCIL BLUFFS IA 51503		\$ 20.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 1211	BETHANN WILSON 311 WOODBURY COUNCIL BLUFFS IA 51503		20.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 1050	CHARLOTTE WISE 41975 YORK RD. AVOCA IA 51521		50.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 6645	GLENN GROVE 15279 PINCREST DR COUNCIL BLUFFS IA 51503		50.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 8111	BERNICE PULS 1020 ASH COUNCIL BLUFFS IA 51501		50.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 6857	STEVE HULTMAN 23267 POKAMOKE LN CRESCENT IA 51526		50.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 1121	DALE HYRT 3704 NEPTUNE DR. CARTER LAKE IA 51510		100.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 2544	RICHARD SCHICKER 16565 PASADENA OMAHA NE 68130		100.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 1281	DEAN JENNINGS 17 HORIZON COUNCIL BLUFFS IA 51510		100.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 12779	DAN MCGINN 124 CHARLES PARK DR COUNCIL BLUFFS IA 51503		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 565.00	
TOTAL (if last page of this schedule)				\$	

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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)
SHOM SHOR FOR IOWA HOUSE

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05/25/06	ID# CK# 218	CHRIS JERRAM 4740 HICKORY OMAHA NE 68106		\$ 250.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK# 3545	CHERYL HEMMINGSEN 616 W. S. OMAHA BRIDGE RD COUNCIL BLUFFS IA 51501		50.00	<input checked="" 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 \$ 300.00
TOTAL (if last page of this schedule) \$ 5,981.00

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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)
SHOWSHOR FOR IOWA HOUSE

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
05/20/06	JEAN HORTWELL MCELLELAND IA 51548		NEWSPAPER ADVERTISING COUPON	\$ 1,068.75	<input checked="" 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"/>

IA ETHICS AND CAMPAIGN DISCLOSURE BD
 2007 JUN 22 AM 9:28

SUB-TOTAL \$ 1,068.75

TOTAL (if last page of this schedule) \$ 1,068.75 ✓

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 SHOMSHOR FOR IOWA HOUSE

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/25/06	PAUL SHOMSHOR 3018 AVE M COUNCIL BLUFFS IA 51501	REIMBURSEMENT FOR FOOD + SUPPLIES FOR FUNDRAISER	\$ ESTIMATED 750.00
SUB-TOTAL			\$ 750.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 750.00

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.