

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2010 JAN 12 PM 2: 28

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

**IMPORTANT:** Indicate by # type of committee you are reporting for:  
(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

<b>FORM DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1411</u>
Logged In	<u>[Signature]</u>
Scanned	_____
Computer	_____
Audited	_____

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

James G. Seymour (712) 647-2699 January 9, 2010  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2010 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.  
(report date) Indicate by #  2

- 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**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>13,571.06</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....		<u>3893.91</u>
Schedule F: Loans Received total (Attach Schedule F) .....		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		_____
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>17464.97</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....		<u>2016.72</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....		_____
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) .....	\$	<u>15,448.25</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$	_____
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$	_____
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F) .....	\$	_____
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>564.20</u>

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

*SEYMOUR for SENATE*

**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
1.20.09	ID# CK#	BANK of THE WEST INTEREST INCOME		\$ 1.33	<input type="checkbox"/>
2.18.09	ID# CK#	BOW INTEREST INCOME		1.07	<input type="checkbox"/>
3.17.09	ID# CK#	BOW INTEREST INCOME		.99	<input type="checkbox"/>
4.16.09	ID# CK#	BOW INTEREST INCOME		1.09	<input type="checkbox"/>
5.18.09	ID# CK#	BOW INTEREST INCOME		1.15	<input type="checkbox"/>
6.16.09	ID# CK#	BOW INTEREST INCOME		1.05	<input type="checkbox"/>
7-16-09	ID# CK#	BOW INTEREST INCOME		1.07	<input type="checkbox"/>
8-18.09	ID# CK#	BOW INTEREST INCOME		1.26	<input type="checkbox"/>
9.17.09	ID# CK#	BOW INTEREST INCOME		1.21	<input type="checkbox"/>
10.19.09	ID# CK#	BOW INTEREST INCOME		1.28	<input type="checkbox"/>

SUB-TOTAL

\$ 11.50

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.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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11.18.09	ID# CK#	BANK OF THE WEST INTEREST INCOME		\$ 1.21	
12.16.09	ID# CK#	BOW INTEREST INCOME		1.20	
7.11.09	ID# 22765 CK# 6063	IOWA DENTAL ASSOC. IDA 3530 WEST PARKWAY STE100 JOHNSTON, IOWA 50131		1,000 <sup>00</sup>	
8.11.09	ID# 6067 CK# 4025	IOWA HEART PAC 1775 90TH ST WEST DES MOINES IA. 50266		350 <sup>00</sup>	✓
8.11.09	ID# CK# 4342	STEVE ACKERSON 1634 NW 131ST CLIVE, IOWA 50325		100 <sup>00</sup>	✓
8.11.09	ID# CK# 3242	THOMAS J. SWANSON 819 COURTRIGHT MAPLETON, IOWA 51034		30 <sup>00</sup>	✓
8.11.09	ID# CK# 6103	NOEL SHEVER 22-13 ST. WOODBINE, IA. 51579		50 <sup>00</sup>	✓
8.11.09	ID# CK# 7020	JOHN SHEVER 2967 EAGLE RIDGE RD MISSOURI VALLEY, IA 51555		50 <sup>00</sup>	✓
8.11.09	ID# CK# 3271 <del>6885</del>	DAVID SHEVER 309 NORMAL ST WOODBINE, IOWA 51579		50 <sup>00</sup>	✓
8.11.09	ID# CK# 6885	JACOB OR CHRISTINE HEDGER 2330 NEWTON AVE. LOGAN, IOWA 51546		50 <sup>00</sup>	✓
SUB-TOTAL				\$ 1682.41	
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) (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

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

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

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

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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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
9.4.09	ID# CK# 8134	WASTE MANAGEMENT PAC 701 PENNSYLVANIA AV. NW WASHINGTON D.C. 20004		\$500 <sup>00</sup>	<input type="checkbox"/>
9.6.09	ID# CK# 5593	JASUND SHEREV 2202 147th St. PISGAT, IOWA 51564		50 <sup>00</sup>	<input checked="" type="checkbox"/>
9.14.09	ID# CK# 3009	Medco Health Solutions PAC 601 PENNSYLVANIA AVE NW WASHINGTON, D.C. 20004		250 <sup>00</sup>	<input type="checkbox"/>
10.23.09	ID# CK# 3365	IOWA AUTO DEALERS ASSOC. 1111 OFFICE PARK ROAD WEST DES MOINES, IA. 50265		100 <sup>00</sup>	<input type="checkbox"/>
10.23.09	ID# CK# 14911	GLAXO SMITH KLINE PAC FIVE MOORE DRIVE RESEARCH TRIANGLE PARK, N.C. 27709		250 <sup>00</sup>	<input type="checkbox"/>
11.02.09	ID# CK# 4634	IOWA CHIROPRACTIC SOCIETY 100 E. GRAND AVE STE 240 DES MOINES, IOWA 50309		250 <sup>00</sup>	<input type="checkbox"/>
11.13.09	ID# CK# 3106	IOWANS FOR A SKILLED WORK FORCE 707 E. LOCUST ST. DES MOINES, IOWA 50309		500 <sup>00</sup>	<input type="checkbox"/>
11.20.09	ID# CK# 1215	IOWA ASSOC OF NURSE ANESTHETISTS 17893 - 224TH ST. MANCHESTER, IOWA 52057		250 <sup>00</sup>	<input type="checkbox"/>
8.11.09	ID# CK# 8531	GEORGE OR JULIE NEWTON 305 NUYMML ST. WOODBINE, IOWA 51579		50 <sup>00</sup>	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2200

TOTAL (If last page of this schedule)

\$ 3893.91

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FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<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)  
**SEYMOUR FOR SENATE**

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
1-15-09	ID# CK# 1222	US POSTMASTER STATE HOUSE POST OFFICE DES MOINES, IOWA	100 - FIRST CLASS POSTAGE STAMPS	\$ 42.00
1.18.09	ID# CK# 1223	VERIZON WIRELESS PO BOX 25505 LEHIGH VALLEY, PA 18002	CELL PHONE	84.81
3.1.09	ID# CK# RYMIT	VERIZON WIRELESS	CELL PHONE	84.81
3.30.09	ID# CK# 1224	VERIZON WIRELESS	CELL PHONE	84.81
4.09.09	ID# CK# 1225	US POSTMASTER DES MOINES, IOWA	100 FIRST CLASS POSTAGE STAMPS	42.00
4.14.09	ID# CK# 1226	US POSTMASTER WOODBINE, IOWA 51574	POSTAGE for US + IOWA Flags to Afghanistan US SERVICE MEN	11.95
4.29.09	ID# CK# 1227	VERIZON WIRELESS	CELL PHONE	84.93
5.5.09	ID# CK# 1228	MONROE County Central Committee ONAWA, IOWA	Spring Event & Picnic	60.00
SUB-TOTAL				\$ 495.31
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).)

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Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

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

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

*SEYMOUR for SENATE*

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
5.22.09	ID# CK# 1229	VERIZON WIRELESS PO BOX 25505 LEHIGH VALLEY, PA. 18002	CELL PHONE	\$ 84.93
6.6.09	ID# CK# 1230	POTTAWATTAMIE COUNTY CENTRAL COMMITTEE COUNCIL BLUFFS, IOWA	UNDERWRANED IOWA RECEPTION	100.00
6-15-09	ID# CK# 1231	IOWA CHRISTIAN ALLIANCE 3707 SW 28TH ST. DES MOINES IOWA 50321	COUNCIL BLUFFS RECEPTION PAUL MCKINLEY & CONDUCTS	50.00
6-20-09	ID# CK# 1232	VERIZON WIRELESS	CELL PHONE	84.93
7-27-09	ID# CK# 1233	VERIZON WIRELESS	CELL PHONE	85.13
8-24-09	ID# CK# 1234	VERIZON WIRELESS	CELL PHONE	85.13
9-16-09	ID# CK# 1235	JIM SEYMOUR 901 WHITE ST. WOODBINE IA 51579	AIEC ANNUAL MEETING ATLANTA GA. <input checked="" type="checkbox"/> HOTEL BILL	493.45
9-16-09	ID# CK# 1236	JIM SEYMOUR 901 WHITE ST. WOODBINE IA 51579	AIRPORT PARKING OMAHA, EPPLEY AIRPORT	18.00
SUB-TOTAL				\$ 1001.57
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

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<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)  
**SEYMOUR IN SENATE**

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
9-24-09	ID# CK# 1237	Verizon Wireless	CELL Phone	\$ 85.13
10-20-09	ID# CK# 1238	Verizon Wireless	CELL Phone	85.07
10-28-09	ID# CK# 1239	U S POSTMASTER Woodbine Post Office WOODBINE, IA. 51579	100 First Class POSTAGE STAMPS	44.00
11.3.09	ID# CK# 1240	Crawford County Central Committee DENISON, IOWA	RECEPTION, for GOP CANDIDATES	30.00
11.16.09	ID# CK# 1241	Verizon Wireless	CELL Phone	85.07
12.7.09	ID# CK# 1242	Missouri Valley Times Missouri Valley IA 51551	Newspaper Subscription	42.00
12.7.09	ID# CK# 1243	Woodbine Twiner Woodbine, Iowa 51579	Newspaper Subscription	36.50
12.7.09	ID# CK# 1244	Denison Bulletin Denison, Iowa	Newspaper Subscription	57.00
SUB-TOTAL				\$ 464.77
TOTAL (if last page of this schedule)				\$

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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).)

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

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

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

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
12.18.09	ID# CK# 1246	Verizon Wireless PO Box 25545 Lehigh Valley, PA 18002	CELL PHONE	\$ 55.07
	ID# CK#			
SUB-TOTAL				\$ 55.07
TOTAL (if last page of this schedule)				\$ 2016.72

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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).)

**RESET**

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

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

SCHEDULE <b>H</b> (Rev. 02/08)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
MAY 5 2008	DESKTOP PC & PRINTER	\$ 1128.40	\$ 564.20

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 564.20

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_

(Attach Additional Schedules if Needed)