

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

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

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
2011 JAN 19 AM 8:31

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

Upmeyer For House

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Linda Upmeyer
Political Party (if applicable): Republican
Office Sought: Iowa House
District (if Senate or House): 12

FORM DR-2 DISCLOSURE REPORT (Rev. 12/2009)
For Office Use Only
Comm. # 1400
Logged in SW
Scanned
Computer
Audited

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 candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2011 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.)	\$	10,542.74
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		12,691.10
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	23,233.84
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		10,501.09
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	12,732.75
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	12,962.64
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0.00
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)

Upmeyer for 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
10/31/10	ID# CK#	Money Market Interest		\$2.22	<input type="checkbox"/>
11/1/10	ID# CK# 2017	M J Dolan 624 45th St Des Moines, IA 50312		50	<input type="checkbox"/>
11/1/10	ID# 9736 CK# 3271	Iowans for a Skilled Workforce 855 E Court Ave Des Moines, IA 50309		250	<input type="checkbox"/>
11/2/10	ID# CK# 2072	Peter Brownell 225 26th St Grinnell, IA 50112		1000	<input type="checkbox"/>
11/2/10	ID# CK# 3486	Neil Goodnature 2423 N Taft Ave Garner, IA 50438		12	<input type="checkbox"/>
11/2/10	ID# 6477 CK# 1173	RDH PAC IA Dental Hygienist Assoc. 2565 Buckeye Ave Keota, IA 52248		200	<input type="checkbox"/>
11/2/10	ID# 6485 CK# 1077	Kraus Gentle Corp. 6400 Westown Pkwy West Des Moines, IA 50266		250	<input type="checkbox"/>
11/2/10	ID# 6400 CK# 762	Iowa Restaurant PAC 8525 Douglas Suite 47 Des Moines, IA 50322		200	<input type="checkbox"/>
11/2/10	ID# CK# 1428	Debra Nelson 1306 N 16th St W Clear Lake, IA 50428		50	<input type="checkbox"/>
11/2/10	ID# CK# 5217	W A Krause 6400 Westown Pkwy West Des Moines, IA 50266		250	<input type="checkbox"/>
SUB-TOTAL				\$ 2264.22	
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



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)
Upmeyer for 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
11/10/10	ID# CK# 8549	Margaret Dunbar 815 S Tennessee PL Mason City, IA 50401		\$25	<input type="checkbox"/>
11/10/10	ID# CK# 7047	Don & Pam Waters 801 S Shore Dr Clear Lake, IA 50428		500	<input type="checkbox"/>
11/10/10	ID# 9659 CK# 1705	Federation of Iowa Insurers PO Box 1756 Des Moines, IA 50306		500	<input type="checkbox"/>
11/10/10	ID# 6494 CK# 102505	Sac & Fox Tribe 349 Meskwaki Rd Tama, IA 52339		500	<input type="checkbox"/>
11/24/10	ID# CK# 7876	Bonnie Hall 29 Sunset View Dr. Clear Lake, IA 50428		100	<input type="checkbox"/>
11/24/10	ID# CK# 8542	Linus Rothmeyer 2209 180th St Calmer, IA 52132		25	<input type="checkbox"/>
11/24/10	ID# CK# 2051	M J Dolan 624 45th St Des Moines, IA 50312		50	<input type="checkbox"/>
11/24/10	ID# CK# 3834	Threase Harms 1908 79th St Windsor Heights, IA 50324		200	<input type="checkbox"/>
11/24/10	ID# CK# 1640	Brian Johnson 6724 Panorama Dr. Panora, IA 50216		100	<input type="checkbox"/>
11/24/10	ID# CK# 10077	Mark Douglas 4804 Cedar Dr West Des Moines, IA 50266		200	<input type="checkbox"/>

SUB-TOTAL

\$ 2200

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 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)
Upmeyer for 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
11/24/10	ID# 6042 CK# 1560	Grocers PAC 2540 106th St Des Moines, IA 50322		\$300	<input type="checkbox"/>
11/24/10	ID# 6107 CK# 3765	Qwest IPAC 925 High St Des Moines, IA 50309		1500	<input type="checkbox"/>
11/24/09	ID# 9805 CK# 1057	Educational Opportunities PO Box 12039 Des Moines, IA 50312		500	<input type="checkbox"/>
11/24/10	ID# 6069 CK# 2773	Iowa Industry PAC 904 Walnut Suite 100 Des Moines, IA 50309		500	<input type="checkbox"/>
11/24/10	ID# 6118 CK# 5075	Iowa Optometric Assoc PAC 6150 Village View Dr Suite 105 West Des Moines, IA 50266		500	<input type="checkbox"/>
11/24/10	ID# 6059 CK# 3613	Iowa Committee of Automotive Retailers 1111 Office Park Rd West Des Moines, IA 50265		1000	<input type="checkbox"/>
11/30/10	ID# CK#	Money Market Interest		.98	<input type="checkbox"/>
12/2/10	ID# CK# 12584	Pamila Deichmann 405 S 16th Ave Winterset, IA 50273		25	<input type="checkbox"/>
12/2/10	ID# CK# 3874	Gene Gardner 6980 Cody Dr Unit 19 West Des Moines, IA 50266		150	<input type="checkbox"/>
12/2/10	ID# CK# 15207	Ronald Evans 1441 29th St #10 West Des Moines, IA 50266		500	<input type="checkbox"/>

SUB-TOTAL
\$ 4975.98

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 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)
 Upmeyer for 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
12/2/10	ID# 6067 CK# 5187	Iowa Health PAC 1775 90th St West Des Moines, IA 50266		\$250	<input type="checkbox"/>
12/2/10	ID# 8052 CK# 6161	Dupont Good Gov. Fund 1007 Market St Wilmington, DE 19898		400	<input type="checkbox"/>
12/22/10	ID# 8416 CK# 1226	Iowa Corn Growers Assoc PAC 5505 NW 88th St Suite 100 Johnston, IA 50131		1000	<input type="checkbox"/>
12/22/10	ID# 6099 CK# 1091	Meredith Corp Employee Fund for Better Gov 1716 Locust St Des Moines, IA 50309		100	<input type="checkbox"/>
12/24/10	ID# 6433 CK# 638	Alliant Energy IA/Minn Govt Action Comm 4902 North Biltmore Lane Madison, WI 53703		1000	<input type="checkbox"/>
12/24/10	ID# CK# 16188	Glaxo Smith Kline PAC Five Moore Dr Research Triangle Park, NC 27709		500	<input type="checkbox"/>
12/31/10	ID# CK#	Money Market Interest		.90	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$ 3250.90

TOTAL (if last page of this schedule)
\$ 12691.10

* 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

Res Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE 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)
Upmeyer for 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
10/30/10	ID# CK# 1587	Garner Postmaster Garner, IA 50438	Postage	\$ 88
11/1/10	ID# CK# 1588	Mason City Postmaster Mason City, IA 50401	Postage	88
11/11/10	ID# CK# 1589	RPI - HMF 621 E 9th St Des Moines, IA 50309	Contribution	7500
11/16/10	ID# CK# 1590	Blue Moon 5465 Mills Civic Pkwy West Des Moines, IA 50266	Fundraiser Food	163.47
11/19/10	ID# CK# 1591	Goodell Methodist Church 201 Willow St Goodell, IA 50439	Supper	12
11/20/10	ID# CK# 1592	Charity McCauley 4028 75th St Urbandale, IA 50322	Work	300
12/11/10	ID# CK# 1593	Hampton Chamber Hampton, IA 50441	Membership Dues	70
12/17/10	ID# CK# 1594	Garner Leader Garner, IA 50438	Subscription	86
SUB-TOTAL				\$ 8307.47
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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 07/09)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Upmeyer for 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
12/17/10	ID# CK# 1595	The Computer Guy 115 1st Ave NW Hampton, IA 50441	Computer repair	\$ 203.30
12/31/10	ID# CK# 1450	Linda Upmeyer 2175 Pine Ave Garner, IA 50438	Mileage 3103 @.50; Phone Nov-Dec \$200; NCSL Book \$67; Globe Gazette Sub. \$57.20; Parking \$4.25; Office	1990.32
	ID# CK#		Supplies \$58.82; Meals \$51.55	
	ID# CK#			
SUB-TOTAL				\$ 2193.62
TOTAL (if last page of this schedule)				\$ 10501.09

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.)

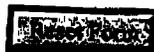
Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to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

FOR INSTRUCTIONS, SEE BACK OF FORM

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

SCHEDULE D (REV. 08/08)	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.



**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*
1/09 - 3/09	Linda Upmeyer 2175 Pine Ave Garner, IA 50438	Mileage 792 @.45	\$ 356.40
4/09 - 6/09	Linda Upmeyer 2175 Pine Ave Garner, IA 50438	Mileage 3787 @ .45	1,704.15
7/09 - 9/09	Linda Upmeyer 2175 Pine Ave Garner, IA 50438	Mileage 5001 @ .45	2,250.45
10/09 - 12/09	Linda Upmeyer 2175 Pine Ave Garner, IA 50438	Mileage 5591 @ .45	2,515.95
7/2010	Linda Upmeyer 2175 Pine Ave Garner, IA 50438	Mileage 4002 @ .50; Parking 14.75; Campaign/Candidate Meals 80.82; Campaign event 102.12	2,198.69
7/15/10 - 10/14/10	LINDA UPMEYER 2175 PINE AVE GARNER, IA 50438	MILEAGE 7874 @ .50	3,937.00
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 12,962.64

*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.