

3 REPORTS -

AMENDED JULY 15TH FILING .

NEW OCTOBER 15TH FILING .

NEW 12 DAY PRE-GENERAL
FILING .

Jan 24

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2008 OCT 20 AM 9:42

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street) 3234 NEVADA ST ST CHARLES IA 50240-1

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00374306 3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on ... in the State of ... (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of ...

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Don Ruby Signature of Treasurer [Signature] Date 10 14 2008

28039873470

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FORTY DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period:

From:

04 ' 01 ' 2008

To:

06 ' 30 ' 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008	2008	752.24
(b) Cash on Hand at Beginning of Reporting Period.....	4,991.73	
(c) Total Receipts (from Line 19).....	10,750.00	14,575.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15,241.73	15,327.24
7. Total Disbursements (from Line 31).....	12,845.88	12,931.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2,395.85	2,395.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

28039873471

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period:

From:

^M04' ^D01' ^Y2008

To:

^M06' ^D30' ^Y2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	, 200.00	, 200.00
(ii) Unitemized.....	9,875.00	13,700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	, 675.00	, 675.00
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, 10,750.00	, 14,575.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 10,750.00	, 14,575.00

28039873472

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures	1,830.88	1,916.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	1,830.88	1,916.39
22. Transfers to Affiliated/Other Party Committees.....	1,015.00	1,015.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10,000.00	10,000.00
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12,845.88	12,931.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... ▶	12,845.88	12,931.78

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10,750.00	14,575.00
34. Total Contribution Refunds (from Line 28(d))	0.	0.
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,750.00	14,575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12,845.88	12,931.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.	0.
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12,845.88	12,931.78

28039873474

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) NORRIS JACKIE		Date of Receipt 05 24 2008
Mailing Address 2805 38TH ST		Amount of Each Receipt this Period 10.00
City DES MOINES	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer OBAMA FOR PRESIDENT	Occupation STATE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

B. Full Name (Last, First, Middle Initial) NORRIS JACKIE		Date of Receipt 05 24 2008
Mailing Address 2805 38TH ST.		Amount of Each Receipt this Period 100.00
City DES MOINES	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer OBAMA FOR PRESIDENT	Occupation STATE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	200.00

28039873475

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. BECCY GREENWALD FOR CONGRESS		Date of Receipt 05 24 2008
Mailing Address P.O. Box 608		Amount of Each Receipt this Period .12500
City PERRY	State IA	
FEC ID number of contributing federal political committee. C00446872		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) TABLE SPACE	Aggregate Year-to-Date 125.00	

Full Name (Last, First, Middle Initial) B. VERA MEYER FOR CONGRESS		Date of Receipt 05 24 2008
Mailing Address P.O. Box 80		Amount of Each Receipt this Period .17500
City S. ANSGAR	State IA	
FEC ID number of contributing federal political committee. C00443325		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) TABLE SPACE	Aggregate Year-to-Date 175.00	

Full Name (Last, First, Middle Initial) C. MISYELL FOR CONGRESS		Date of Receipt 05 24 2008
Mailing Address 201A 380TH ST		Amount of Each Receipt this Period .17500
City STANTON	State IA	
FEC ID number of contributing federal political committee. C00448928		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) TABLE AD	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

28039873476

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 2 OF 2	
	(check only one)	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. HILLARY CLINTON FOR PRESIDENT		Date of Receipt M M / D D / Y Y Y Y 05 24 2008
Mailing Address P.O. Box 101436		Amount of Each Receipt this Period 200.00
City ALEXANDRIA	State VA	
FEC ID number of contributing federal political committee. C 00 431569		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	675.00

28039873477

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 2 OF 4			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) Koch Brothers		Date of Disbursement 04 30 2008
Mailing Address 325 GRAND AVE		Amount of Each Disbursement this Period 168.26
City DES MOINES	State IA	
Zip Code 50309		
Purpose of Disbursement CONVENTION SUPPLIES		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) FAMILY RESTAURANT		Date of Disbursement 05 10 2008
Mailing Address Hwy 3 & Hwy 71		Amount of Each Disbursement this Period 57.78
City Pocahontas	State IA	
Zip Code 50574		
Purpose of Disbursement REFRESHMENTS		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) Boone County Fair		Date of Disbursement 05 09 2008
Mailing Address 1235 INDUSTRIAL PARK BLVD		Amount of Each Disbursement this Period 275.00
City Boone	State IA	
Zip Code 50036		
Purpose of Disbursement RENT FOR CONVENTION		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	501.04
TOTAL This Period (last page this line number only).....▶	

28039873478

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 4

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 19 / 2008

A.

BOONE COUNTY FAIR

Mailing Address

1235 INDUSTRIAL PARK ROAD

City

BOONE

State

IA

Zip Code

50036

Purpose of Disbursement

RENT DEPOSIT

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

200.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 10 / 2008

B.

BECKY GREENWALD

Mailing Address

14267 F AVENUE

City

Perry

State

IA

Zip Code

50220

Purpose of Disbursement

POSTAGE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19.92

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 09 / 2008

C.

SANDI TOMER

Mailing Address

1539 MEADOWLANE AVE

City

AMES

State

IA

Zip Code

50014

Purpose of Disbursement

CONVENTION SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.18

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

262.10

TOTAL This Period (last page this line number only).....▶

28039873479

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **4** OF **4**

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARTER PRINTING		Date of Disbursement
Mailing Address 1731 E GRAND AVE		06 03 2008
City DES MOINES	State IA	Zip Code 50317
Purpose of Disbursement PRINTING	Candidate Name	Amount of Each Disbursement this Period 703.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

B. PEOPLES BANK		Date of Disbursement
Mailing Address 400 E. IOWA		05 07 2008
City INDIANOLA	State IA	Zip Code 50125
Purpose of Disbursement RETURNED CHECK FEES	Candidate Name	Amount of Each Disbursement this Period 78.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)..... ▶

782.12

TOTAL This Period (last page this line number only)..... ▶

1830.88

28039873480

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 5

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. <u>POCAHONTAS COUNTY DEMOCRATS</u>		Date of Disbursement
Mailing Address <u>501 E SECTION LINE RD</u>		<u>05 09 2008</u>
City <u>LAURENS</u>	State <u>IA</u>	Zip Code <u>50554</u>
Purpose of Disbursement <u>DELEGATE FEE REIMBURSEMENT</u>		Amount of Each Disbursement this Period <u>30.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. <u>CACHON COUNTY DEMOCRATS</u>		Date of Disbursement
Mailing Address <u>P.O. Box 292</u>		<u>05 09 2008</u>
City <u>LOWVILLE, IA</u>	State <u>IA</u>	Zip Code <u>51453</u>
Purpose of Disbursement <u>DELEGATE FEE REIMBURSEMENT</u>		Amount of Each Disbursement this Period <u>40.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. <u>WEBSTER COUNTY DEMOCRATS</u>		Date of Disbursement
Mailing Address <u>3 JOHNSON PLACE</u>		<u>05 09 2008</u>
City <u>FORT DOUG</u>	State <u>IA</u>	Zip Code <u>50501</u>
Purpose of Disbursement <u>DELEGATE FEE REIMBURSEMENT</u>		Amount of Each Disbursement this Period <u>160.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<u>230.00</u>
TOTAL This Period (last page this line number only).....	

28039873481

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 5

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

BOONE COUNTY DEMOCRATS

05 / 09 / 2008

Mailing Address

179 NATURE ROAD

City

BOONE

State

IA

Zip Code

50036

Purpose of Disbursement

DELEGATE FEE REIMBURSEMENT

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

MADISON COUNTY DEMOCRATS

05 / 09 / 2008

Mailing Address

2478 BEWINGTON HAWK ROAD

City

ST GALLS

State

IA

Zip Code

50240

Purpose of Disbursement

DELEGATE FEE REIMBURSEMENT

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

WARDEN COUNTY DEMOCRATS

05 / 09 / 2008

Mailing Address

P.O. BOX 477

City

INDIANOLA

State

IA

Zip Code

50125

Purpose of Disbursement

DELEGATE FEE REIMBURSEMENT

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

37000

TOTAL This Period (last page this line number only).....▶

28039873482

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **3** OF **5**

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. MITCHEL COUNTY DEMOCRATS		Date of Disbursement
Mailing Address 1291 400TH S.		05 09 2008
City OSAGE	State IA	Amount of Each Disbursement this Period
Zip Code 50461		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT		50.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. WINNEBAGO COUNTY DEMOCRATS		Date of Disbursement
Mailing Address 506 4TH ST. NW		05 09 2008
City BUFFALO CENTER	State IA	Amount of Each Disbursement this Period
Zip Code 50424		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT		45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. WINNESHIEK COUNTY DEMOCRATS		Date of Disbursement
Mailing Address 1387 COON CREEK RD.		05 09 2008
City DECORAH	State IA	Amount of Each Disbursement this Period
Zip Code 52101		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT		85.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶

180.00

TOTAL This Period (last page this line number only).....▶

28039873483

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 4 OF 5
	<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL ALTO COUNTY DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address P.O. Box 277		Amount of Each Disbursement this Period 40.00
City EMMETTSBURG	State IA	
Zip Code 50536		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EMMET COUNTY DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address 18 ALEXANDER ROAD		Amount of Each Disbursement this Period 40.00
City ESTHERVILLE	State IA	
Zip Code 51334		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HARDIN COUNTY DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address 1140 MARSHURT DR		Amount of Each Disbursement this Period 70.00
City IOWA FALLS	State IA	
Zip Code 50601		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

28039873484

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 5

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. **HOWARD COUNTY DEMOCRATS**
 Mailing Address: **2166B BOTH ST.**
 City: **CRESSCO** State: **IA** Zip Code: **52136**
 Purpose of Disbursement: **DELEGATE FEE REIMBURSEMENT**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: _____ District: _____

Date of Disbursement: **05 09 2008**
 Amount of Each Disbursement this Period: **4500**

B. **FRANKLIN COUNTY DEMOCRATS**
 Mailing Address: **2138 160TH ST**
 City: **HAMPTON** State: **IA** Zip Code: **50411**
 Purpose of Disbursement: **DELEGATE FEE REIMBURSEMENT**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: _____ District: _____

Date of Disbursement: **05 09 2008**
 Amount of Each Disbursement this Period: **4000**

C.
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Purpose of Disbursement: _____
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: _____ District: _____

Date of Disbursement: _____
 Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional) **8500**
TOTAL This Period (last page this line number only) **101500**

28039873485

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. <u>Becky Greenwood For Congress</u>		Date of Disbursement
Mailing Address <u>P.O. Box 608</u>		<u>06 03 2008</u>
City <u>Perry</u>	State <u>IA</u>	Zip Code <u>50220</u>
Purpose of Disbursement <u>DONATION</u>		Amount of Each Disbursement this Period
Candidate Name <u>Becky Greenwood</u>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: <u>IA</u>	District: <u>04</u>	
		<u>\$000.00</u>

B. <u>Becky Greenwood For Congress</u>		Date of Disbursement
Mailing Address <u>P.O. Box 608</u>		<u>06 23 2008</u>
City <u>Perry</u>	State <u>IA</u>	Zip Code <u>50220</u>
Purpose of Disbursement <u>DONATION</u>		Amount of Each Disbursement this Period
Candidate Name <u>Becky Greenwood</u>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: <u>IA</u>	District: <u>04</u>	
		<u>5,000.00</u>

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10000.00

28039873486

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF	5
	<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26			
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b			

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. POCAHONTAS Co. DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address 501 E SECTION LINE RD.		
City LAURENS	State IA	Zip Code 50554
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 30.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CALHOUN Co. DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address PO Box 292		
City LOHRVILLE	State IA	Zip Code 51453
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 40.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WORSTER Co. DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address 3 JOHNSON PL		
City FORT DOUG	State IA	Zip Code 50501
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 160.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

28039873487

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **5**

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) BOONE COUNTY DEMOCRATS Date of Disbursement 05 ' 09 ' 2008

Mailing Address 179 NATURE RD

City BOONE State IA Zip Code 50036

Purpose of Disbursement DELEGATE FEE REIMBURSEMENT Amount of Each Disbursement this Period 120.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) MADISON CO. DEMOCRATS Date of Disbursement 05 ' 09 ' 2008

Mailing Address 2478 BEDFORD PARK RD

City ST. CHARLES State IA Zip Code 50240

Purpose of Disbursement DELEGATE FEE REIMBURSEMENT Amount of Each Disbursement this Period 60.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C. Full Name (Last, First, Middle Initial) WARREN COUNTY DEMOCRATS Date of Disbursement 05 ' 09 ' 2008

Mailing Address P.O. BOX 477

City INDIANA State IA Zip Code 50125

Purpose of Disbursement DELEGATE FEE REIMBURSEMENT Amount of Each Disbursement this Period 190.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional)..... ▶ 370.00

TOTAL This Period (last page this line number only)..... ▶

28039873488

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 5 OF 5
	<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. MITCHELL COUNTY DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address 1291 400th ST.		Amount of Each Disbursement this Period 50.00
City OCAGE	State IA	
Zip Code 50461		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. WINNEBAGO COUNTY DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address 506 4th ST. NW		Amount of Each Disbursement this Period 45.00
City BUFFALO CENTER	State IA	
Zip Code 50424		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. WINNEBAGO COUNTY DEMOCRATS		Date of Disbursement 05 / 09 / 2008
Mailing Address 1387 COUN CREEK RD		Amount of Each Disbursement this Period 85.00
City DECATUR	State IA	
Zip Code 52101		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

28039873489

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **4** OF **5**

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. Palo Alto County

Date of Disbursement

Mailing Address
P.O. Box 277

05 ' 09 ' 2008

City **EMMETTS BLDG** State **IA** Zip Code **50536**

Purpose of Disbursement
DELEGATE FEE REIMBURSEMENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

40.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. EMMET COUNTY DEMOCRATS

Date of Disbursement

Mailing Address
18 ALEXANDER RD

05 ' 09 ' 2008

City **ESTHEVILLE** State **IA** Zip Code **51334**

Purpose of Disbursement
DELEGATE FEE REIMBURSEMENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

40.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. HARDIN COUNTY DEMOCRATS

Date of Disbursement

Mailing Address
11140 MAPLEHURST DR

05 ' 09 ' 2008

City **IOWA FALLS** State **IA** Zip Code **50601**

Purpose of Disbursement
DELEGATE FEE REIMBURSEMENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

70.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

150.00

TOTAL This Period (last page this line number only)..... ▶

28039873490

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 5 OF 5
	<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>HOWARD GONLEY DEMOCRATS</u>		Date of Disbursement <u>05 09 2008</u>	
Mailing Address <u>2166B 80TH ST</u>		Amount of Each Disbursement this Period <u>45.00</u>	
City <u>Crecco</u>	State <u>IA</u>		Zip Code <u>52136</u>
Purpose of Disbursement <u>DELEGATE FEE REIMBURSEMENT</u>			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. <u>FRANKLIN COUNTY DEMOCRATS</u>		Date of Disbursement <u>05 09 2008</u>	
Mailing Address <u>2138 160TH ST</u>		Amount of Each Disbursement this Period <u>40.00</u>	
City <u>HAMPTON</u>	State <u>IA</u>		Zip Code <u>50411</u>
Purpose of Disbursement <u>DELEGATE FEE REIMBURSEMENT</u>			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	<u>85.00</u>
TOTAL This Period (last page this line number only).....▶	<u>1015.00</u>

28039873491

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial)
BECKY GREENWALD FOR CONGRESS

Date of Disbursement
06 ' 03 ' 2008

Mailing Address
P.O. Box 608

City
PARRY, IA State
IA Zip Code
50220

Purpose of Disbursement
DONATION

Candidate Name
BECKY GREENWALD

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: IA District: 4

Amount of Each Disbursement this Period
5,000.00

B.

Full Name (Last, First, Middle Initial)
BECKY GREENWALD FOR CONGRESS

Date of Disbursement
06 ' 23 ' 2008

Mailing Address
P.O. Box 608

City
PARRY, IA State
IA Zip Code
50220

Purpose of Disbursement
DONATION

Candidate Name
BECKY GREENWALD

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: IA District: 4

Amount of Each Disbursement this Period
5,000.00

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶


TOTAL This Period (last page this line number only)..... ▶ 10,000.00

28039873492

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

28039873492

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2005)

10/20/08
 DATE PREPARED