

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
IOWA DEMOCRATIC PARTY

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To:

| | |
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| M | M |
| 0 | 8 |

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| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 4 | | 166393.81 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 135317.16 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 354914.32 | 1537805.37 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 490231.48 | 1704199.18 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 387168.58 | 1601136.28 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 103062.90 | 103062.90 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 1200.00 | | | | | | | | | |

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
IOWA DEMOCRATIC PARTY

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To:

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| M | M |
| 0 | 8 |

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| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

| 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 | 70789.00 | 859864.24 |
| (i) Itemized (use Schedule A) | 16455.64 | 377731.45 |
| (ii) Unitemized | 87244.64 | 675376.18 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 150.00 | 2380.00 |
| (b) Political Party Committees | 15630.00 | 116494.24 |
| (c) Other Political Committees (such as PACs) | 103024.64 | 794250.42 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 181620.65 | 429388.60 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 17929.06 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | -3000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 39837.72 | 173018.88 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 30431.31 | 126218.41 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 30431.31 | 126218.41 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 354914.32 | 1537805.37 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 324483.01 | 1411586.96 |

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) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 26772.44 | 146313.88 |
| (ii) Non-Federal Share..... | 50091.78 | 261140.23 |
| (b) Other Federal Operating Expenditures..... | 54375.63 | 91010.31 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 131239.85 | 498464.42 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 10616.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 120.00 | 19620.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 40650.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 120.00 | 60270.00 |
| 29. Other Disbursements..... | 640.00 | 390706.45 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 717.02 |
| (ii) "Levin" Share | 0.00 | 1274.72 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 255168.73 | 639087.67 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 255168.73 | 641079.41 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 387168.58 | 1601136.28 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 337076.80 | 1338721.33 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 103024.64 | 794250.42 |
| 34. Total Contribution Refunds (from Line 28(d)) | 120.00 | 60270.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 102904.64 | 733980.42 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 81148.07 | 237324.19 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 17929.06 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 81148.07 | 219395.13 |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 239 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Robert G Allbee | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 3519 Oak Creek Pl | | Transaction ID: C3852 | |
| City State Zip Code West Des Moines IA 50265-7965 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer ABCM Corp | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Barbara S Appleby | | Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2004 | |
| Mailing Address 10163 NW 102nd St | | Transaction ID: C62410 | |
| City State Zip Code Clive IA 50325-6770 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Information Requested | Occupation Information Requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. James Arthur Autry | | Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2004 | |
| Mailing Address 5007 Woodland Ave | | Transaction ID: C3766 | |
| City State Zip Code Des Moines IA 50312-1939 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Consultant/Author | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Bonnie Kay Barry

Mailing Address 818 SE Rio Cir

City Ankeny State IA Zip Code 50021-3655

FEC ID number of contributing federal political committee. **C**

Name of Employer Des Moines Area Community College Occupation Adjunct Instructor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
08 / 27 / 2004

Transaction ID: C3863

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Christine N Barry

Mailing Address 138 W Lincoln Ave

City Libertyville State IL Zip Code 60048-2721

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 16 / 2004

Transaction ID: C3737

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Larry Dean Bartlett

Mailing Address 2688 Hidden Valley Trl NE

City Solon State IA Zip Code 52333-9689

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Iowa Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
08 / 06 / 2004

Transaction ID: C3663

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► 1240.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Adele L Bates | | Date of Receipt |
| Mailing Address 3706 E 28th St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| City State Zip Code Des Moines IA 50317-4222 | | <input type="text"/> 08 / <input type="text"/> 13 / <input type="text"/> 2004 |
| FEC ID number of contributing federal political committee. C | | Transaction ID: C3713 |
| Name of Employer Occupation Homemaker Homemaker | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 240.00 |
| Aggregate Year-to-Date ▼ <input type="text"/> 400.00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Jeffrey P Berg | | Date of Receipt |
| Mailing Address 5021 Duffy Dr NE Ste B | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| City State Zip Code Cedar Rapids IA 52402-2016 | | <input type="text"/> 08 / <input type="text"/> 25 / <input type="text"/> 2004 |
| FEC ID number of contributing federal political committee. C | | Transaction ID: C3815 |
| Name of Employer Occupation Self Attorney | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 240.00 |
| Aggregate Year-to-Date ▼ <input type="text"/> 240.00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Bruce L Braley | | Date of Receipt |
| Mailing Address 247 Sheridan Rd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| City State Zip Code Waterloo IA 50701-4021 | | <input type="text"/> 08 / <input type="text"/> 06 / <input type="text"/> 2004 |
| FEC ID number of contributing federal political committee. C | | Transaction ID: C3662 |
| Name of Employer Occupation Dutton, Braun, Staack, & Hellman Attorney | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 1250.00 |
| Aggregate Year-to-Date ▼ <input type="text"/> 1250.00 | | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1730.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 239 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Junius C Brenton | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 1400 Windover Rd | | Transaction ID: C3849 | |
| City State Zip Code Des Moines IA 50315-2135 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 6000.00 | |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Marilyn E Brubaker | | Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2004 | |
| Mailing Address 4987 Oriole Ave | | Transaction ID: C3906 | |
| City State Zip Code Paullina IA 51046-7599 | | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired Teacher | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 450.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Marilyn E Brubaker | | Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2004 | |
| Mailing Address 4987 Oriole Ave | | Transaction ID: C3887 | |
| City State Zip Code Paullina IA 51046-7599 | | Amount of Each Receipt this Period 400.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Occupation Retired Teacher | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 450.00 | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 5420.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 10 / 239 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Florence D Buhr | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 4 | |
| Mailing Address 4127 30th St | | Transaction ID: C3877 | |
| City State Zip Code Des Moines IA 50310-5946 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Charles Carroll | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 4 | |
| Mailing Address 2776 Turkey Creek Ln NE | | Transaction ID: C62475 | |
| City State Zip Code Iowa City IA 52240-7846 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Information Requested | Occupation Information Requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Thomas G Carsner | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 4 | |
| Mailing Address 1627 College Court Pl | | Transaction ID: C3873 | |
| City State Zip Code Iowa City IA 52245-4417 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer American College Testing | Occupation Editor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 550.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|-------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Elizabeth Ann Christiansen | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2004 | |
| Mailing Address 302 Morningside Dr | | Transaction ID: C62409 | |
| City Iowa City | State IA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 52245-4663 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Iowa Dept of Natural Resources | Occupation Deputy Director | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Roxanne B Conlin | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2004 | |
| Mailing Address 2900 Southern Hills Cir | | Transaction ID: C3824 | |
| City Des Moines | State IA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 50321-1458 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self | Occupation Attorney | Aggregate Year-to-Date ▼ 2251.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Roxanne B Conlin | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 2900 Southern Hills Cir | | Transaction ID: C3878 | |
| City Des Moines | State IA | Amount of Each Receipt this Period 417.00 | |
| Zip Code 50321-1458 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self | Occupation Attorney | Aggregate Year-to-Date ▼ 2251.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1667.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Swati Arvind Dandekar | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2004 | |
| Mailing Address 2731 28th Ave | | Transaction ID: C3932 | |
| City Marion | State IA | Amount of Each Receipt this Period 50.00 | |
| Zip Code 52302-1341 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer State of Iowa | Occupation Representative | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 850.00 | | |

| | | | |
|---|--------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Charles G Davidson | | Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2004 | |
| Mailing Address 26A Parker St | | Transaction ID: C3921 | |
| City Lexington | State MA | Amount of Each Receipt this Period 10000.00 | |
| Zip Code 02421-4907 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lafayette Development III LLC | Occupation Venture Capitalist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Jean M Davis | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 4303 Harwood Dr | | Transaction ID: C3865 | |
| City Des Moines | State IA | Amount of Each Receipt this Period 240.00 | |
| Zip Code 50312-2319 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer State of Iowa | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 10290.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 239 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Carol H Dillard | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4 | |
| Mailing Address 405 S 3rd St W | | Transaction ID: C3790 | |
| City State Zip Code Mount Vernon IA 52314 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Mt. Vernon Bank & Trust | Occupation Bank Marketer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. James H Drees | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 4 | |
| Mailing Address 15485 280th St | | Transaction ID: C3885 | |
| City State Zip Code Manning IA 51455-8668 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Robert E Dvorsky | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 | |
| Mailing Address 412 6th St | | Transaction ID: C3916 | |
| City State Zip Code Coralville IA 52241-2511 | Amount of Each Receipt this Period 67.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer State of Iowa | Occupation State Senator | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 524.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 717.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 / 239 | | | | | | |
| | (check only one) | | | | | | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Harriet Hubbell Edwards | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 4 | |
| Mailing Address 2300 Terrace Rd | | Transaction ID: C3783 | |
| City State Zip Code Des Moines IA 50312-5430 | | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Homemaker Homemaker | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. George Eichacker | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 4 | |
| Mailing Address 2330 Harper Ln | | Transaction ID: C3816 | |
| City State Zip Code Fort Madison IA 52627-9520 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Lois H Eichacker | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 4 | |
| Mailing Address 2330 Harper Ln | | Transaction ID: C3817 | |
| City State Zip Code Fort Madison IA 52627-9520 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation Retired Retired | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 239 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. James Andrew Erb | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 4 | |
| Mailing Address 701 2nd Ave | | Transaction ID: C3813 | |
| City State Zip Code Charles City IA 50616-3022 | | Amount of Each Receipt this Period 400.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Attorney | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 800.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Romaine Henry Foegel | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 4 | |
| Mailing Address PO Box 128 | | Transaction ID: C3716 | |
| City State Zip Code Mount Vernon IA 52314-0128 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer State of Iowa Occupation State Legislator | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 780.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Cynthia Forbes | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 4 | |
| Mailing Address 12816 Cardinal Ln | | Transaction ID: C3912 | |
| City State Zip Code Urbandale IA 50323-2154 | | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Polk County Occupation Accountant | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 920.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|---|--|--|
| A. Full Name (Last, First, Middle Initial) Holmes Foster | | Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2004 | |
| Mailing Address 13621 Bay Hill Dr | | Transaction ID: C3682 | |
| City State Zip Code Des Moines IA 50325-8565 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 8500.00 | | |

| | | | |
|---|---|--|--|
| B. Full Name (Last, First, Middle Initial) Michael G Gartner | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 100 Market St Unit 515 | | Transaction ID: C3866 | |
| City State Zip Code Des Moines IA 50309-4766 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Businessman | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) Mary Anna Gaskill | | Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2004 | |
| Mailing Address 509 E 4th St | | Transaction ID: C62477 | |
| City State Zip Code Ottumwa IA 52501-3011 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer State of Iowa | Occupation State Representative | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 915.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 7750.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 17 / 239 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Kathleen Brigid Halloran | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 4 | |
| Mailing Address 825 17th St SE | | Transaction ID: C3664 | |
| City Cedar Rapids | State IA | Amount of Each Receipt this Period 417.00 | |
| Zip Code 52403-2609 | | Amount of Each Receipt this Period 417.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 417.00 | |
| Name of Employer City of Cedar Rapids | Occupation Mayor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4336.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Kathleen Brigid Halloran | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 4 | |
| Mailing Address 825 17th St SE | | Transaction ID: C3875 | |
| City Cedar Rapids | State IA | Amount of Each Receipt this Period 417.00 | |
| Zip Code 52403-2609 | | Amount of Each Receipt this Period 417.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 417.00 | |
| Name of Employer City of Cedar Rapids | Occupation Mayor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4336.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mary M Hansen | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 4 | |
| Mailing Address 5210 Tamara Pt | | Transaction ID: C3677 | |
| City Panora | State IA | Amount of Each Receipt this Period 240.00 | |
| Zip Code 50216-8611 | | Amount of Each Receipt this Period 240.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 | |
| Name of Employer State of Iowa | Occupation Director of Iowa Public Health Dept. | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1074.00 |
| TOTAL This Period (last page this line number only) ▶ | 1074.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Jean Haugland | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 4 |
| Mailing Address 6750 School St Unit 1402 | | Transaction ID: C3644 |
| City Windsor Heights | State IA | Zip Code 50311-1651 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 400.00 |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 825.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Patricia Heidenreich | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 4 |
| Mailing Address PO Box 37 | | Transaction ID: C3850 |
| City Marquette | State IA | Zip Code 52158-0037 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 260.00 |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Howard Louis Hoy | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 4 |
| Mailing Address 2624 Boyd St | | Transaction ID: C3631 |
| City Des Moines | State IA | Zip Code 50317-6014 |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 750.00 |
| Name of Employer Internal Revenue Service | Occupation Revenue Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1410.00 |
| TOTAL This Period (last page this line number only) | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
James W Hubbell, III

Mailing Address 3022 Fox Run

City State Zip Code
Des Moines IA 50321

FEC ID number of contributing federal political committee. **C**

Name of Employer Hubbell Realty Occupation Realtor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2004

Transaction ID: C3736

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
James W Hubbell, Jr.

Mailing Address 6900 Westown Parkway

City State Zip Code
Des Moines IA 50312

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2004

Transaction ID: C66574

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Gerald David Hurd

Mailing Address 300 Walnut St
Unit 183

City State Zip Code
Des Moines IA 50309-2244

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10014.67

Date of Receipt
MM / DD / YYYY
08 / 07 / 2004

Transaction ID: C3671

Amount of Each Receipt this Period
2900.00

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 10400.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--------------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Gerald David Hurd | | Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2004 | |
| Mailing Address 300 Walnut St Unit 183 | | Transaction ID: C62480 | |
| City Des Moines | State IA | Amount of Each Receipt this Period 2100.00 | |
| Zip Code 50309-2244 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10014.67 | | |

| | | | |
|---|--------------------------------------|--|--|
| B. Full Name (Last, First, Middle Initial) Gerald David Hurd | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 300 Walnut St Unit 183 | | Transaction ID: C3867 | |
| City Des Moines | State IA | Amount of Each Receipt this Period 417.00 | |
| Zip Code 50309-2244 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10014.67 | | |

| | | | |
|---|-------------------------------------|--|--|
| C. Full Name (Last, First, Middle Initial) Jean Y Jew | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2004 | |
| Mailing Address 3973 Stewart Rd NE | | Transaction ID: C3636 | |
| City Iowa City | State IA | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 52240-7983 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Information Requested | Occupation Information Requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3517.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Angelyn M King | | Date of Receipt MM / DD / YYYY 08 / 19 / 2004 |
| Mailing Address 1361 72nd St | | Transaction ID: C3764 |
| City Windsor Heights | State IA | Zip Code 50311-1309 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Iowa State Education Association | Occupation Political Action Coord. | Amount of Each Receipt this Period 50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 830.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Marilyn Ruth Kirkpatrick | | Date of Receipt MM / DD / YYYY 08 / 05 / 2004 |
| Mailing Address PO Box 112 | | Transaction ID: C3656 |
| City New Virginia | State IA | Zip Code 50210-0112 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Mercy Hospital | Occupation medical coder | Amount of Each Receipt this Period 240.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. John M Kuster | | Date of Receipt MM / DD / YYYY 08 / 27 / 2004 |
| Mailing Address 2418 Silverwood Ln | | Transaction ID: C3861 |
| City Fairfield | State IA | Zip Code 52556-8626 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Rescare, Inc | Occupation President | Amount of Each Receipt this Period 3000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3290.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Greg A Lewis | | Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2004 | |
| Mailing Address 1816 E 22nd St | | Transaction ID: C3763 | |
| City State Zip Code Des Moines IA 50317-6304 | | Amount of Each Receipt this Period 50.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Occupation Information Requested Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mrs Gertrude Macqueen | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 454 Lexington Ave | | Transaction ID: C3870 | |
| City State Zip Code Iowa City IA 52246-2417 | | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Occupation Retired Aggregate Year-to-Date ▼ 1200.00 | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mary Patricia Maloney | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 3415 Witmer Pkwy | | Transaction ID: C3879 | |
| City State Zip Code Des Moines IA 50310-4434 | | Amount of Each Receipt this Period 60.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Polk County IA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Occupation Treasurer Aggregate Year-to-Date ▼ 355.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 410.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 / 239 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Richard B Margulies | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 4 |
| Mailing Address 2100 Westown Pkwy Ste 220 | | Transaction ID: C3883 Amount of Each Receipt this Period 2500.00 |
| City State Zip Code West Des Moines IA 50265-1539 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self Employed | Occupation Attorney | Amount of Each Receipt this Period 2500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Paul J McAndrew, Jr. | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4 |
| Mailing Address 2590 Holiday Rd - Suite 100 | | Transaction ID: C3785 Amount of Each Receipt this Period 240.00 |
| City State Zip Code Coralville IA 52241 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Paul McAndrew Law Firm | Occupation Attorney | Amount of Each Receipt this Period 240.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Thomas G Mortenson | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 4 |
| Mailing Address 723 Fox Run Dr | | Transaction ID: C3886 Amount of Each Receipt this Period 1000.00 |
| City State Zip Code Oskaloosa IA 52577-4140 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Post Secondary | Occupation Owner | Amount of Each Receipt this Period 1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3740.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
James F O'Halloran

Mailing Address 3303 Beaver Ave

City State Zip Code
Des Moines IA 50310-3209

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 27 / 2004

Transaction ID: C3853

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Alfredo G Parrish

Mailing Address 17 32nd Pl

City State Zip Code
Des Moines IA 50312-4522

FEC ID number of contributing federal political committee. **C**

Name of Employer Parrish Law Firm Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt
08 / 27 / 2004

Transaction ID: C3871

Amount of Each Receipt this Period
417.00

C. Full Name (Last, First, Middle Initial)
Sally J Pederson

Mailing Address 5007 Woodland Ave

City State Zip Code
Des Moines IA 50312-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer State of Iowa Occupation Lt Governor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

Date of Receipt
08 / 30 / 2004

Transaction ID: C3902

Amount of Each Receipt this Period
5000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 5917.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mary Jane Pollack | | Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2004 | |
| Mailing Address 1300 N Lake Shore Dr | | Transaction ID: C3918 | |
| City State Zip Code Chicago IL 60610-2157 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Homemaker | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. James Quilty | | Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2004 | |
| Mailing Address 814 17th St | | Transaction ID: C3882 | |
| City State Zip Code Des Moines IA 50314-1126 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Occupation Attorney | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Margaret Ritchie | | Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2004 | |
| Mailing Address 1927 Hilton Dr | | Transaction ID: C3586 | |
| City State Zip Code Cedar Falls IA 50613-6439 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Chrysalis Foundation Occupation Executive Director | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 239 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Iftekhar A Shareef | | Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2004 | |
| Mailing Address 7227 N Kenneth Ave | | Transaction ID: C3917 | |
| City State Zip Code Lincolnwood IL 60712-1804 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer National Bank Card Co | Occupation CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Robert Bradley Skinner | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 1810 Andrews Dr | | Transaction ID: C66578 | |
| City State Zip Code Pleasant Hill IA 50327-0910 | Amount of Each Receipt this Period 417.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Skinner Law Firm | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3336.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Philip Allen Specht | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 28304 Pleasant Ridge Rd | | Transaction ID: C3851 | |
| City State Zip Code Mc Gregor IA 52157-8700 | Amount of Each Receipt this Period 260.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Farmer | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2677.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 27 / 239 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Joanne Stevens | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 365 Trailridge Rd SE | | Transaction ID: C3687 |
| City Cedar Rapids | State IA | Zip Code 52403-2009 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Information Requested | Occupation Information Requested | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. John L Tait | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 4 |
| Mailing Address 2434 Hamilton Dr | | Transaction ID: C3655 |
| City Ames | State IA | Zip Code 50014-8202 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer ISU | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Cecilia J. Tomlonovic | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 4 |
| Mailing Address 1245 40th St | | Transaction ID: C3635 |
| City Des Moines | State IA | Zip Code 50311-2511 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer Family Planning Council | Occupation Executive Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 475.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 239 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Lewis F Weinberg | | Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2004 | |
| Mailing Address 3905 Country Club Blvd | | Transaction ID: C3701 | |
| City State Zip Code Sioux City IA 51104-1329 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Weinberg Investment Inc | Occupation Real Estate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jo Ellen Whitney | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2004 | |
| Mailing Address 53 Meadowbrook Cir | | Transaction ID: C3603 | |
| City State Zip Code Cumming IA 50061-1014 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Davis Brown & Koehn | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Brent Calvin Wynja | | Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2004 | |
| Mailing Address 1012 Hunziker Dr | | Transaction ID: C3936 | |
| City State Zip Code Ames IA 50010-5028 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Salomon, Smith, Barney | Occupation VP-Marketing | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 720.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1420.00 |
| TOTAL This Period (last page this line number only) ▶ | 70789.00 |

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

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

FOR LINE NUMBER: PAGE 29 / 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
ATLA PAC

Mailing Address 1050 31st St NW
FI 5

City State Zip Code
Washington DC 20007-4409

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 1 | / | 2 | 0 | 0 | 4 |

Transaction ID: C66582

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
JULIE THOMAS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO Box 2816

City State Zip Code
Cedar Rapids IA 52406

FEC ID number of contributing federal political committee. **C** C00370965

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 9 | / | 2 | 0 | 0 | 4 |

Transaction ID: C62481

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16th St NW Ste 420

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 9 | / | 2 | 0 | 0 | 4 |

Transaction ID: C3958

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **10500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
PAUL JOHNSON FOR CONGRESS

Mailing Address PO Box 475

City State Zip Code
Decorah IA 52101-0475

FEC ID number of contributing federal political committee. **C** C00399774

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15130.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 6 | / | 2 | 0 | 0 | 4 |

Transaction ID: C3943

Amount of Each Receipt this Period
50.00

Transfer

B. Full Name (Last, First, Middle Initial)
PAUL JOHNSON FOR CONGRESS

Mailing Address PO Box 475

City State Zip Code
Decorah IA 52101-0475

FEC ID number of contributing federal political committee. **C** C00399774

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15130.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 0 | 4 |

Transaction ID: C3952

Amount of Each Receipt this Period
80.00

Transfer

C. Full Name (Last, First, Middle Initial)
PAUL JOHNSON FOR CONGRESS

Mailing Address PO Box 475

City State Zip Code
Decorah IA 52101-0475

FEC ID number of contributing federal political committee. **C** C00399774

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15130.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 0 | 4 |

Transaction ID: C3922

Amount of Each Receipt this Period
5000.00

Transfer

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5130.00 |
| TOTAL This Period (last page this line number only) | ▶ | 15630.00 |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 239 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Democratic National Committee - State Victory Fund | | Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2004 | |
| Mailing Address 430 S Capitol St SE | | Transaction ID: C3926 | |
| City State Zip Code Washington DC 20003-4024 | Amount of Each Receipt this Period 5901.45 | | |
| FEC ID number of contributing federal political committee. C C00010603 | | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 275005.10 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Democratic National Committee - State Victory Fund | | Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2004 | |
| Mailing Address 430 S Capitol St SE | | Transaction ID: C3925 | |
| City State Zip Code Washington DC 20003-4024 | Amount of Each Receipt this Period 7916.49 | | |
| FEC ID number of contributing federal political committee. C C00010603 | | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 275005.10 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Democratic National Committee - State Victory Fund | | Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2004 | |
| Mailing Address 430 S Capitol St SE | | Transaction ID: C3927 | |
| City State Zip Code Washington DC 20003-4024 | Amount of Each Receipt this Period 66280.45 | | |
| FEC ID number of contributing federal political committee. C C00010603 | | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 275005.10 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 80098.39 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 32 / 239 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Democratic National Committee - State Victory Fund | | Date of Receipt MM / DD / YYYY 08 / 25 / 2004 |
| Mailing Address 430 S Capitol St SE | | Transaction ID: C3928 |
| City Washington | State DC | Zip Code 20003-4024 |
| FEC ID number of contributing federal political committee. C C00010603 | Amount of Each Receipt this Period 86522.26 | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275005.10 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dollars for Democrats | | Date of Receipt MM / DD / YYYY 08 / 02 / 2004 |
| Mailing Address 430 S Capitol St SE | | Transaction ID: C3924 |
| City Washington | State DC | Zip Code 20003-4024 |
| FEC ID number of contributing federal political committee. C C00073791 | Amount of Each Receipt this Period 15000.00 | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 145000.00 | |

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 101522.26 |
| TOTAL This Period (last page this line number only) | ▶ | 181620.65 |

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

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

FOR LINE NUMBER: PAGE 33 / 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Brian Quirk for State Representative

Mailing Address 1011 Sunset

City State Zip Code
New Hampton IA 50659

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 5 | / | 2 | 0 | 0 | 4 |

Transaction ID: C3715

Amount of Each Receipt this Period
500.00

Voter File Purchase

B. Full Name (Last, First, Middle Initial)
Citizens for Kuhn

Mailing Address 2667 240th Street

City State Zip Code
Charles City IA 50616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 1 | 9 | / | 2 | 0 | 0 | 4 |

Transaction ID: C3772

Amount of Each Receipt this Period
500.00

Voter File Purchase

C. Full Name (Last, First, Middle Initial)
Committee to Elect Bruce Hunter

Mailing Address 452 Wilmers Avenue

City State Zip Code
Des Moines IA 50315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 7 | / | 2 | 0 | 0 | 4 |

Transaction ID: C3949

Amount of Each Receipt this Period
500.00

Voter File Purchase

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 34 / 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Committee to Elect John Whitaker
Mailing Address 32500 145th St
City Hillsboro State IA Zip Code 52630-8004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2004
Transaction ID: C3948
Amount of Each Receipt this Period
500.00
Voter File Purchase

B. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Don Shultz
Mailing Address 295 Kenilworth Road
City Waterloo State IA Zip Code 50701
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2004
Transaction ID: C3770
Amount of Each Receipt this Period
500.00
Voter File Purchase

C. Full Name (Last, First, Middle Initial)
Davitt for House
Mailing Address 611 W. Ashland
City Indianola State IA Zip Code 50125
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2004
Transaction ID: C3950
Amount of Each Receipt this Period
500.00
Voter File Purchase

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 35 / 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Friends for Russ Wiesley

Mailing Address 732 Dartmoor Dr

City State Zip Code
Waukee IA 50263-9708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 4

Transaction ID: C3934

Amount of Each Receipt this Period
500.00

Voter File Purchase

B. Full Name (Last, First, Middle Initial)
Friends for Russ Wiesley

Mailing Address 732 Dartmoor Dr

City State Zip Code
Waukee IA 50263-9708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 4

Transaction ID: C3960

Amount of Each Receipt this Period
1000.00

Voter File Purchase

C. Full Name (Last, First, Middle Initial)
Friends of Jim Lykam

Mailing Address 2906 W 35th Street

City State Zip Code
Davenport IA 52806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 4

Transaction ID: C3768

Amount of Each Receipt this Period
500.00

Voter File Purchase

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 239 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Gaskill for State Representative | | Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2004 | |
| Mailing Address 509 E. 4th Street | | Transaction ID: C3944 | |
| City State Zip Code Ottumwa IA 52501 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |
| | | Voter File Purchase | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Iowa State Education Assn. PAC (ISEA PAC) | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2004 | |
| Mailing Address 777 3rd Street | | Transaction ID: C3962 | |
| City State Zip Code Des Moines IA 50309 | | Amount of Each Receipt this Period 25000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 25000.00 | |
| | | Voter File Access | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mark Smith for Iowa House | | Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2004 | |
| Mailing Address 816 Roberts Terrace | | Transaction ID: C3769 | |
| City State Zip Code Marshalltown IA 50158 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |
| | | Voter File Purchase | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 26000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 239 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mertz for Representative | | Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2004 | |
| Mailing Address 607 110th Street | | Transaction ID: C3945 | |
| City State Zip Code Ottosen IA 50570-8504 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ -449.00 | Voter File Purchase | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. National Motor Club | | Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2004 | |
| Mailing Address 6500 Beltline Rd - Suite 200 | | Transaction ID: C3942 | |
| City State Zip Code Irving TX 75063 | Amount of Each Receipt this Period 434.47 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 4105.31 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. People for Pam Jochum | | Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2004 | |
| Mailing Address 2368 Jackson St | | Transaction ID: C3946 | |
| City State Zip Code Dubuque IA 52001-3525 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 500.00 | Voter File Purchase | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1434.47 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 239 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Peterson for State Representative | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 4 |
| Mailing Address 1346 47th St | | Transaction ID: C3941 |
| City State Zip Code Des Moines IA 50311-2404 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | Voter File Purchase |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Polly Bukta Campaign Committee | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 4 |
| Mailing Address 604 S 32nd Street | | Transaction ID: C3947 |
| City State Zip Code Clinton IA 52732 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | Voter File Purchase |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Reasoner for State Representative | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 4 |
| Mailing Address 702 New York Avenue | | Transaction ID: C3743 |
| City State Zip Code Creston IA 50801 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | Voter File Purchase |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: PAGE 39 / 239
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Sextro for Senate

Mailing Address 1106 E Ave East

City State Zip Code
Albia IA 52531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2004

Transaction ID: C3961

Amount of Each Receipt this Period
1000.00

Voter File Purchase

B. Full Name (Last, First, Middle Initial)
State of Iowa

Mailing Address State Capitol

City State Zip Code
Des Moines IA 50319

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2004 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
74308.52

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2004

Transaction ID: C64388

Amount of Each Receipt this Period
2753.25

C. Full Name (Last, First, Middle Initial)
Story County Democratic Central Committee

Mailing Address 2800 Pinehurst Cir

City State Zip Code
Ames IA 50010-4562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1240.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2004

Transaction ID: C66581

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **3903.25**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 239 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) A. Swaim for House | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 4 | |
| Mailing Address 504 North Davis | | Transaction ID: C3951 | |
| City Bloomfield | State IA | Zip Code 52537 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |
| | | Voter File Purchase | |

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) B. Taylor for Representative | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 4 | |
| Mailing Address 1416 A Avenue NW | | Transaction ID: C3773 | |
| City Cedar Rapids | State IA | Zip Code 52405-4834 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |
| | | Voter File Purchase | |

| | | | |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial) C. Waterman for State Senate | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 4 | |
| Mailing Address PO Box 273 | | Transaction ID: C3940 | |
| City Osceola | State IA | Zip Code 50213-0273 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 | |
| | | Voter File Purchase | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 239
(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input checked="" type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Wise Voters

Mailing Address 503 Grand Avenue

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Keokuk | IA | 52632 |

FEC ID number of contributing federal political committee. **C**

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2004

Transaction ID: C3742

Amount of Each Receipt this Period
500.00

Voter File Purchase

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 39837.72 |

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 42 / 239

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: D2259 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 4 |
| Mailing Address Suite 1 | | Amount of Each Disbursement this Period 2.85 |
| City Chicago State IL Zip Code 60679-0001 | Purpose of Disbursement Merchant Fee Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Carter Printing | | Transaction ID: D2809 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 |
| Mailing Address 1739 E Grand Ave | | Amount of Each Disbursement this Period 4014.10 |
| City Des Moines State IA Zip Code 50316-3611 | Purpose of Disbursement Printing Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Cygnus Expositions | | Transaction ID: D2564 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address PO Box 684080 | | Amount of Each Disbursement this Period 475.00 |
| City Milwaukee State WI Zip Code 53268-4080 | Purpose of Disbursement Exhibition Fees Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4491.95 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
IOWA DEMOCRATIC PARTY

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) A. Discover Network | | Transaction ID: D2270 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 4 |
| Mailing Address PO Box 52145 | | Amount of Each Disbursement this Period 15.30 |
| City Phoenix | State AZ | |
| Zip Code 85072-2145 | | Category/ Type |
| Purpose of Disbursement Credit Card Fees | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) B. Garner Printing | | Transaction ID: D2792 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 4 |
| Mailing Address 1697 NE 53rd Ave | | Amount of Each Disbursement this Period 1527.46 |
| City Des Moines | State IA | |
| Zip Code 50313-2128 | | Category/ Type |
| Purpose of Disbursement Convention ballots | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) C. IA Board of Medical | | Transaction ID: D2304 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 4 |
| Mailing Address 400 SW 8th Street - Suite C | | Amount of Each Disbursement this Period 50.00 |
| City Des Moines | State IA | |
| Zip Code 50309 | | Category/ Type |
| Purpose of Disbursement Mailing List Purchase | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1592.76 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 44 / 239

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Internal Revenue Service | | Transaction ID: D2513 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 4 |
| Mailing Address SERVICE Center | | Amount of Each Disbursement this Period 412.50 |
| City Ogden State UT Zip Code 84201-0039 | Purpose of Disbursement Payroll taxes Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Internal Revenue Service | | Transaction ID: D2813 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address SERVICE Center | | Amount of Each Disbursement this Period 8807.60 |
| City Ogden State UT Zip Code 84201-0039 | Purpose of Disbursement Payroll taxes Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Internal Revenue Service | | Transaction ID: D2514 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 4 |
| Mailing Address SERVICE Center | | Amount of Each Disbursement this Period 412.51 |
| City Ogden State UT Zip Code 84201-0039 | Purpose of Disbursement Payroll taxes Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9632.61 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 45 / 239

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
IOWA DEMOCRATIC PARTY

| | | | |
|--|--|--|---------------|
| Full Name (Last, First, Middle Initial) A. Internal Revenue Service | | Transaction ID: D2812 Date of Disbursement 08 / 27 / 2004 | |
| Mailing Address SERVICE Center | | Amount of Each Disbursement this Period 8340.54 | |
| City Ogden | State UT Zip Code 84201-0039 | | |
| Purpose of Disbursement Payroll taxes Candidate Name | | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|---------------|
| Full Name (Last, First, Middle Initial) B. Iowa State Fair | | Transaction ID: D2670 Date of Disbursement 08 / 03 / 2004 | |
| Mailing Address PO Box 57130 | | Amount of Each Disbursement this Period 750.00 | |
| City Des Moines | State IA Zip Code 50317-0003 | | |
| Purpose of Disbursement Fair parking Candidate Name | | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|---------------|
| Full Name (Last, First, Middle Initial) C. Iowa State Fair | | Transaction ID: D2341 Date of Disbursement 08 / 03 / 2004 | |
| Mailing Address PO Box 57130 | | Amount of Each Disbursement this Period 100.00 | |
| City Des Moines | State IA Zip Code 50317-0003 | | |
| Purpose of Disbursement Fair tickets Candidate Name | | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9190.54 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. JetEquity Travel LLC | | Transaction ID: D2810 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 4 |
| Mailing Address 176A Airport Rd - Hangar D1 | | Amount of Each Disbursement this Period 4497.88 |
| City White Plains State NY Zip Code 10604 | Category/ Type | |
| Purpose of Disbursement Travel | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Polk County Auditor | | Transaction ID: D2671 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 |
| Mailing Address 120 2nd Ave | | Amount of Each Disbursement this Period 750.00 |
| City Des Moines State IA Zip Code 50309-4757 | Category/ Type | |
| Purpose of Disbursement Voting Machines | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Treasurer, State of Iowa | | Transaction ID: D2373 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address PO Box 10412 | | Amount of Each Disbursement this Period 150.00 |
| City Des Moines State IA Zip Code 50306-0412 | Category/ Type | |
| Purpose of Disbursement Permit renewal | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5397.88 |
| TOTAL This Period (last page this line number only) ▶ | |

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 47 / 239

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. West Bank | | Transaction ID: D2816 Date of Disbursement 08 / 02 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 20811.88 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement Bank Charges Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. West Bank | | Transaction ID: D2360 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 125.00 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement Bank Fees Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. West Bank | | Transaction ID: D2421 Date of Disbursement 08 / 30 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 231.50 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement Bank Fees Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 21168.38 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 48 / 239

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. West Bank | | Transaction ID: D2828 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 16.95 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement bank charges Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. West Bank | | Transaction ID: D2800 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 2649.44 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement Bank Fees Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. West Bank | | Transaction ID: D2384 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 181.07 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement Bank Fees Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2847.46 |
| TOTAL This Period (last page this line number only) ▶ | |

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 49 / 239

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. West Bank | | Transaction ID: D2266 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 11.93 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement Bank Fees Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. West Bank | | Transaction ID: D2274 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 16.66 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement Bank Fees Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. West Bank | | Transaction ID: D2280 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address PO Box 65020 | | Amount of Each Disbursement this Period 25.46 |
| City West Des Moines State IA Zip Code 50265-0020 | Purpose of Disbursement Bank Fees Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 54.05 |
| TOTAL This Period (last page this line number only) ▶ | 54375.63 |

**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)

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| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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)
IOWA DEMOCRATIC PARTY

| | | | |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial) A. Robert D Hariman | | Transaction ID: D2295 Date of Disbursement 08 / 24 / 2004 | |
| Mailing Address 101 30th St | | Amount of Each Disbursement this Period 40.00 | |
| City Des Moines | State IA | Zip Code 50312-4423 | Category/ Type |
| Purpose of Disbursement Refund of Contribution | | <input type="checkbox"/> | |
| 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. John Twomey | | Transaction ID: D2326 Date of Disbursement 08 / 24 / 2004 | |
| Mailing Address 1445 Banyan Cir | | Amount of Each Disbursement this Period 80.00 | |
| City Pompano Beach | State FL | Zip Code 33069-4975 | Category/ Type |
| Purpose of Disbursement Refund of Contribution | | <input type="checkbox"/> | |
| 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) ►

120.00

TOTAL This Period (last page this line number only) ►

120.00

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 51 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" 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)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Iowa Democratic Party - State Account

Mailing Address 5661 Fleur Dr

City Des Moines State IA Zip Code 50321-2841

Purpose of Disbursement
Transfer to Non-Federal for cash flow

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D16732

Date of Disbursement

/ /

Amount of Each Disbursement this Period

640.00

SUBTOTAL of Disbursements This Page (optional)

640.00

TOTAL This Period (last page this line number only)

640.00

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 52 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Clint D Albertsen | | Transaction ID: D2668 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 1607 Little John Cir Apt 6 | | Amount of Each Disbursement this Period 747.45 |
| City Council Bluffs | State IA Zip Code 51503-0533 | |
| Purpose of Disbursement Net Payroll | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Clint D Albertsen | | Transaction ID: D2351 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 1607 Little John Cir Apt 6 | | Amount of Each Disbursement this Period 116.37 |
| City Council Bluffs | State IA Zip Code 51503-0533 | |
| Purpose of Disbursement Reimbursement/Travel | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Clint D Albertsen | | Transaction ID: D2669 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 1607 Little John Cir Apt 6 | | Amount of Each Disbursement this Period 747.45 |
| City Council Bluffs | State IA Zip Code 51503-0533 | |
| Purpose of Disbursement Net Payroll | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1611.27 |
| TOTAL This Period (last page this line number only) ▶ | |

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 53 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Shanan M Alper | | Transaction ID: D2651 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 1049 Noe St | | Amount of Each Disbursement this Period 654.72 |
| City San Francisco | State CA | |
| Zip Code 94114-3310 | | |
| Purpose of Disbursement Net Payroll | | |
| 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. Angelica C Anderson | | Transaction ID: D2499 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 4106 Fillmore Ln | | Amount of Each Disbursement this Period 396.03 |
| City Davenport | State IA | |
| Zip Code 52806-4524 | | |
| Purpose of Disbursement Net payroll | | |
| 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. Angelica C Anderson | | Transaction ID: D2456 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 4106 Fillmore Ln | | Amount of Each Disbursement this Period 291.22 |
| City Davenport | State IA | |
| Zip Code 52806-4524 | | |
| Purpose of Disbursement Net payroll | | |
| 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) ▶ | 1341.97 |
| TOTAL This Period (last page this line number only) ▶ | |

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 54 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Nicholaos G Antonopoulos | | Transaction ID: D2678 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 118 1/2 S Dubuque St Apt 8 | | Amount of Each Disbursement this Period 778.50 |
| City Iowa City State IA Zip Code 52240-4019 | | |
| Purpose of Disbursement Net Payroll 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: | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Nicholaos G Antonopoulos | | Transaction ID: D2679 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 118 1/2 S Dubuque St Apt 8 | | Amount of Each Disbursement this Period 778.50 |
| City Iowa City State IA Zip Code 52240-4019 | | |
| Purpose of Disbursement Net Payroll 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: | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Justin K Ballard | | Transaction ID: D2489 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 5216 Ida St | | Amount of Each Disbursement this Period 380.58 |
| City Omaha State NE Zip Code 68152-2436 | | |
| Purpose of Disbursement Net payroll 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) ▶ | 1937.58 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 55 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|--|--|---------------------|
| A. Justin K Ballard Full Name (Last, First, Middle Initial) | | Transaction ID: D2488 Date of Disbursement 08 / 24 / 2004 | |
| Mailing Address 5216 Ida St | | Amount of Each Disbursement this Period 380.57 | |
| City Omaha | State NE | | Zip Code 68152-2436 |
| Purpose of Disbursement Net payroll | | | 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: _____ | | | |

| | | | |
|--|--|--|---------------------|
| B. Erik T Balsbaugh Full Name (Last, First, Middle Initial) | | Transaction ID: D2536 Date of Disbursement 08 / 31 / 2004 | |
| Mailing Address 12 W Main St | | Amount of Each Disbursement this Period 439.99 | |
| City Marshalltown | State IA | | Zip Code 50158-4941 |
| Purpose of Disbursement Net Payroll | | | 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: _____ | | | |

| | | | |
|--|--|--|---------------------|
| C. Kevin Bangert Full Name (Last, First, Middle Initial) | | Transaction ID: D2376 Date of Disbursement 08 / 24 / 2004 | |
| Mailing Address 311 S 3rd St | | Amount of Each Disbursement this Period 167.56 | |
| City Burlington | State IA | | Zip Code 52601-5523 |
| Purpose of Disbursement Net payroll | | | 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) | 988.12 |
| TOTAL This Period (last page this line number only) | |

**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 56 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Andrew M Batt | | Transaction ID: D2544 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 604 Roosevelt Ave | | Amount of Each Disbursement this Period 452.31 |
| City Council Bluffs | State IA Zip Code 51503-1829 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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. Kathrine E Beno | | Transaction ID: D2497 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 580 S 35th St | | Amount of Each Disbursement this Period 394.51 |
| City West Des Moines | State IA Zip Code 50265-2056 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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. Kathrine E Beno | | Transaction ID: D2476 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 580 S 35th St | | Amount of Each Disbursement this Period 357.87 |
| City West Des Moines | State IA Zip Code 50265-2056 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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) ▶ | 1204.69 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 57 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Thomas J Bierlein | | Transaction ID: D2383 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 108 Sandwood Crest Dr | | Amount of Each Disbursement this Period 180.26 |
| City Castle Rock State WA Zip Code 98611-9461 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Thomas J Bierlein | | Transaction ID: D2611 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 108 Sandwood Crest Dr | | Amount of Each Disbursement this Period 542.20 |
| City Castle Rock State WA Zip Code 98611-9461 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nathan J Biggs | | Transaction ID: D2481 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1211 W 18th St | | Amount of Each Disbursement this Period 372.81 |
| City Cedar Falls State IA Zip Code 50613-3501 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1095.27 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 58 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nathan J Biggs | | Transaction ID: D2484 Date of Disbursement MM / DD / YYYY 08 / 24 / 2004 |
| Mailing Address 1211 W 18th St | | Amount of Each Disbursement this Period 376.42 |
| City Cedar Falls | State IA Zip Code 50613-3501 | |
| Purpose of Disbursement Net payroll | | 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. Clint A Birkenholtz | | Transaction ID: D2676 Date of Disbursement MM / DD / YYYY 08 / 13 / 2004 |
| Mailing Address 3386 Hunter Ave | | Amount of Each Disbursement this Period 768.12 |
| City Newton | State IA Zip Code 50208-8656 | |
| Purpose of Disbursement Net Payroll | | 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. Clint A Birkenholtz | | Transaction ID: D2382 Date of Disbursement MM / DD / YYYY 08 / 13 / 2004 |
| Mailing Address 3386 Hunter Ave | | Amount of Each Disbursement this Period 179.90 |
| City Newton | State IA Zip Code 50208-8656 | |
| Purpose of Disbursement Payroll | | 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) ▶ | 1324.44 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 59 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Clint A Birkenholtz | | Transaction ID: D2677 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3386 Hunter Ave | | Amount of Each Disbursement this Period 768.13 |
| City Newton State IA Zip Code 50208-8656 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Clint A Birkenholtz | | Transaction ID: D2347 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3386 Hunter Ave | | Amount of Each Disbursement this Period 103.95 |
| City Newton State IA Zip Code 50208-8656 | Category/ Type | |
| Purpose of Disbursement Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. George S Boatwright | | Transaction ID: D2412 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 5320 Appomattox Rd Apt 3 | | Amount of Each Disbursement this Period 225.87 |
| City Davenport State IA Zip Code 52806-2331 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1097.95 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. George S Boatwright | | Transaction ID: D2548 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 5320 Appomattox Rd Apt 3 | | Amount of Each Disbursement this Period 455.93 |
| City Davenport State IA Zip Code 52806-2331 | | |
| Purpose of Disbursement Net payroll 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. Kimberley K Boggus | | Transaction ID: D2466 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 303 Willow Ave Apt 1 | | Amount of Each Disbursement this Period 323.22 |
| City Council Bluffs State IA Zip Code 51503-9072 | | |
| Purpose of Disbursement Net Payroll 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. Christopher D Bonfig | | Transaction ID: D2705 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 320 E Burlington St Apt 8 | | Amount of Each Disbursement this Period 858.50 |
| City Iowa City State IA Zip Code 52240-1670 | | |
| Purpose of Disbursement Net Payroll 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) ▶ | 1637.65 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Christopher D Bonfig | | Transaction ID: D2706 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 320 E Burlington St Apt 8 | | Amount of Each Disbursement this Period 858.50 |
| City Iowa City State IA Zip Code 52240-1670 | | |
| Purpose of Disbursement Net Payroll 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. Christopher M Bowen | | Transaction ID: D2781 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 2035 Sunnyside Ave | | Amount of Each Disbursement this Period 1302.50 |
| City Burlington State IA Zip Code 52601-2532 | | |
| Purpose of Disbursement Net Payroll 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. Christopher M Bowen | | Transaction ID: D2694 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 2035 Sunnyside Ave | | Amount of Each Disbursement this Period 816.50 |
| City Burlington State IA Zip Code 52601-2532 | | |
| Purpose of Disbursement Net Payroll 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) ▶ | 2977.50 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Christopher M Bowen | | Transaction ID: D2464 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 2035 Sunnyside Ave | | Amount of Each Disbursement this Period 310.98 |
| City Burlington State IA Zip Code 52601-2532 | Purpose of Disbursement Net Payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Anthony J Boyd | | Transaction ID: D2398 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 4168 E Ovid Ave | | Amount of Each Disbursement this Period 215.87 |
| City Des Moines State IA Zip Code 50317-5528 | Purpose of Disbursement Net Payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. James Boyd | | Transaction ID: D2415 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 1902 Kingman Blvd | | Amount of Each Disbursement this Period 228.00 |
| City Des Moines State IA Zip Code 50311 | Purpose of Disbursement Net payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 754.85 |
| TOTAL This Period (last page this line number only) ▶ | |

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 63 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ben J Brady | | Transaction ID: D2702 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 | |
| Mailing Address 2707 Hampton St | | Amount of Each Disbursement this Period 839.50 | |
| City Ames State IA Zip Code 50010-7132 | Purpose of Disbursement Net payroll Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ben J Brady | | Transaction ID: D2745 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 | |
| Mailing Address 2707 Hampton St | | Amount of Each Disbursement this Period 998.19 | |
| City Ames State IA Zip Code 50010-7132 | Purpose of Disbursement Net payroll Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Alissa B Brammer | | Transaction ID: D2551 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 | |
| Mailing Address 4303 Harwood Dr | | Amount of Each Disbursement this Period 461.75 | |
| City Des Moines State IA Zip Code 50312-2319 | Purpose of Disbursement Net payroll Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2299.44 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 64 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Alissa B Brammer | | Transaction ID: D2388 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 4303 Harwood Dr | | Amount of Each Disbursement this Period 184.70 |
| City Des Moines | State IA Zip Code 50312-2319 | |
| Purpose of Disbursement Net payroll | | 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. Seth A Brooks | | Transaction ID: D2696 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 3828 Cass St Apt 5 | | Amount of Each Disbursement this Period 819.50 |
| City Omaha | State NE Zip Code 68131-1851 | |
| Purpose of Disbursement Net Payroll | | 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. Seth A Brooks | | Transaction ID: D2697 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3828 Cass St Apt 5 | | Amount of Each Disbursement this Period 819.50 |
| City Omaha | State NE Zip Code 68131-1851 | |
| Purpose of Disbursement Net Payroll | | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1823.70 |
| TOTAL This Period (last page this line number only) ▶ | |

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 65 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| A. Devon M Brown Full Name (Last, First, Middle Initial) Mailing Address 2104 Eastern Ave City Davenport State IA Zip Code 52803-2004 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2454 Date of Disbursement 08 / 10 / 2004 Amount of Each Disbursement this Period 289.97 Category/Type |
|--|--|--|

| | | |
|--|--|--|
| B. Meghan E Brown Full Name (Last, First, Middle Initial) Mailing Address 1041 S Lucas Apt 1 City Iowa City State IA Zip Code 52240 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2401 Date of Disbursement 08 / 24 / 2004 Amount of Each Disbursement this Period 217.02 Category/Type |
|--|--|--|

| | | |
|--|--|---|
| C. Justin R Buell Full Name (Last, First, Middle Initial) Mailing Address 3249 Jackson St City San Francisco State CA Zip Code 94118-2016 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2774 Date of Disbursement 08 / 13 / 2004 Amount of Each Disbursement this Period 1230.25 Category/Type |
|--|--|---|

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1737.24 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 66 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|-------------------|--|
| A. Full Name (Last, First, Middle Initial) Justin R Buell | | Transaction ID: D2776 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3249 Jackson St | | Amount of Each Disbursement this Period 1230.25 |
| City San Francisco State CA Zip Code 94118-2016 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-------------------|--|
| B. Full Name (Last, First, Middle Initial) Burlington Hawkeye | | Transaction ID: D2284 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 4 |
| Mailing Address PO Box 10 | | Amount of Each Disbursement this Period 30.85 |
| City Burlington State IA Zip Code 52601-0010 | Category/ Type | |
| Purpose of Disbursement Employment Ad | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-------------------|--|
| C. Full Name (Last, First, Middle Initial) Erica L Carnes | | Transaction ID: D2571 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 153A Lark Ave | | Amount of Each Disbursement this Period 484.58 |
| City Ames State IA Zip Code 50010-8032 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1745.68

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

**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 67 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Erica L Carnes | | Transaction ID: D2517 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 153A Lark Ave | | Amount of Each Disbursement this Period 417.05 |
| City Ames State IA Zip Code 50010-8032 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Anna M Casteel | | Transaction ID: D2703 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 2201 Thunder Ridge Blvd Apt 12B | | Amount of Each Disbursement this Period 849.62 |
| City Cedar Falls State IA Zip Code 50613-1892 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Anna M Casteel | | Transaction ID: D2704 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 2201 Thunder Ridge Blvd Apt 12B | | Amount of Each Disbursement this Period 849.62 |
| City Cedar Falls State IA Zip Code 50613-1892 | Purpose of Disbursement Nte Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2116.29 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 68 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Elizabeth Cervantes | | Transaction ID: D2409 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2321 Central Ave | | Amount of Each Disbursement this Period 223.05 |
| City Bettendorf State IA Zip Code 52722-5061 | Purpose of Disbursement Net payroll <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Steven M Chasse | | Transaction ID: D2784 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 814 12th Ave | | Amount of Each Disbursement this Period 1354.60 |
| City Coralville State IA Zip Code 52241-1733 | Purpose of Disbursement Net Payroll <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Steven M Chasse | | Transaction ID: D2785 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 814 12th Ave | | Amount of Each Disbursement this Period 1354.60 |
| City Coralville State IA Zip Code 52241-1733 | Purpose of Disbursement Net Payroll <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2932.25 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Brian T Christiansen | | Transaction ID: D2607 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 4725 Happy Hollow Ln | | Amount of Each Disbursement this Period 535.77 |
| City Lincoln State NE Zip Code 68516-5125 | | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brian T Christiansen | | Transaction ID: D2459 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 4725 Happy Hollow Ln | | Amount of Each Disbursement this Period 298.22 |
| City Lincoln State NE Zip Code 68516-5125 | | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jerodiah F Conley | | Transaction ID: D2764 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address PO Box 253 | | Amount of Each Disbursement this Period 1160.58 |
| City Council Bluffs State IA Zip Code 51502-0253 | | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1994.57 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jerodiah F Conley | | Transaction ID: D2763 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address PO Box 253 | | Amount of Each Disbursement this Period 1160.39 |
| City Council Bluffs | State IA Zip Code 51502-0253 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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. Alexandra E Cooper | | Transaction ID: D2573 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 217 Coe College | | Amount of Each Disbursement this Period 487.57 |
| City Cedar Rapids | State IA Zip Code 52402 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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. Alexandra E Cooper | | Transaction ID: D2479 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 217 Coe College | | Amount of Each Disbursement this Period 370.04 |
| City Cedar Rapids | State IA Zip Code 52402 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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) ▶ | 2018.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Michael S Cooper | | Transaction ID: D2535 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 5811 Walnut Hill Ave | | Amount of Each Disbursement this Period 438.67 |
| City Des Moines State IA Zip Code 50312-1434 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Michael S Cooper | | Transaction ID: D2534 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 5811 Walnut Hill Ave | | Amount of Each Disbursement this Period 438.66 |
| City Des Moines State IA Zip Code 50312-1434 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Krista K Cousins | | Transaction ID: D2531 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 6610 College Park Court, Apt. 4 | | Amount of Each Disbursement this Period 434.04 |
| City Cedar Rapids State IA Zip Code 52404-5284 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1311.37 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Krista K Cousins | | Transaction ID: D2511 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 6610 College Park Court, Apt. 4 | | Amount of Each Disbursement this Period 410.76 |
| City Cedar Rapids State IA Zip Code 52404-5284 | Purpose of Disbursement Net payroll <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Roger J Crimmins | | Transaction ID: D2742 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 418 1st St SE | | Amount of Each Disbursement this Period 988.50 |
| City Mason City State IA Zip Code 50401-3931 | Purpose of Disbursement Net Payroll <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Roger J Crimmins | | Transaction ID: D2743 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 418 1st St SE | | Amount of Each Disbursement this Period 988.50 |
| City Mason City State IA Zip Code 50401-3931 | Purpose of Disbursement Net Payroll <input type="checkbox"/> Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2387.76 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Brianna J Crowley | | Transaction ID: D2512 Date of Disbursement 08 / 10 / 2004 | |
| Mailing Address 1104 Warwick Dr | | Amount of Each Disbursement this Period 412.39 | |
| City Cedar Falls State IA Zip Code 50613-1647 | Purpose of Disbursement Net payroll Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brianna J Crowley | | Transaction ID: D2663 Date of Disbursement 08 / 24 / 2004 | |
| Mailing Address 1104 Warwick Dr | | Amount of Each Disbursement this Period 731.44 | |
| City Cedar Falls State IA Zip Code 50613-1647 | Purpose of Disbursement Net payroll Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lauren H Daumueller | | Transaction ID: D2492 Date of Disbursement 08 / 10 / 2004 | |
| Mailing Address 3801 Cottage Grove Ave | | Amount of Each Disbursement this Period 383.25 | |
| City Des Moines State IA Zip Code 50311-3605 | Purpose of Disbursement Net payroll Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1527.08 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 74 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Lauren H Daumueller | | Transaction ID: D2366 Date of Disbursement MM / DD / YYYY 08 / 24 / 2004 |
| Mailing Address 3801 Cottage Grove Ave | | Amount of Each Disbursement this Period 138.53 |
| City Des Moines | State IA | |
| Zip Code 50311-3605 | | |
| Purpose of Disbursement Net payroll | | |
| 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. Chase O Davidson | | Transaction ID: D2616 Date of Disbursement MM / DD / YYYY 08 / 10 / 2004 |
| Mailing Address 616 Benson St | | Amount of Each Disbursement this Period 550.95 |
| City Council Bluffs | State IA | |
| Zip Code 51501-1770 | | |
| Purpose of Disbursement Net payroll | | |
| 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. Miranda R Davidson | | Transaction ID: D2634 Date of Disbursement MM / DD / YYYY 08 / 10 / 2004 |
| Mailing Address 616 Benson St | | Amount of Each Disbursement this Period 592.41 |
| City Council Bluffs | State IA | |
| Zip Code 51501-1770 | | |
| Purpose of Disbursement Net payroll | | |
| 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) ▶ | 1281.89 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| A. Corey L Davis Full Name (Last, First, Middle Initial) Mailing Address 1220 1st Ave NE City Cedar Rapids State IA Zip Code 52402-5008 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2429 Date of Disbursement 08 / 10 / 2004 Amount of Each Disbursement this Period 243.82 Category/Type |
|--|--|--|

| | | |
|--|--|--|
| B. Corey L Davis Full Name (Last, First, Middle Initial) Mailing Address 1220 1st Ave NE City Cedar Rapids State IA Zip Code 52402-5008 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2389 Date of Disbursement 08 / 24 / 2004 Amount of Each Disbursement this Period 185.55 Category/Type |
|--|--|--|

| | | |
|---|--|--|
| C. Craig A Davis Full Name (Last, First, Middle Initial) Mailing Address 1800 Watrous Ave Apt 50B City Des Moines State IA Zip Code 50315-3251 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2707 Date of Disbursement 08 / 13 / 2004 Amount of Each Disbursement this Period 863.50 Category/Type |
|---|--|--|

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1292.87 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|--|
| A. Craig A Davis Full Name (Last, First, Middle Initial) Mailing Address 1800 Watrous Ave Apt 50B City Des Moines State IA Zip Code 50315-3251 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2709 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 863.50 Category/Type |
|---|--|--|

| | | |
|---|--|---|
| B. Matthew D Deferranti Full Name (Last, First, Middle Initial) Mailing Address 1406 46th St City Des Moines State IA Zip Code 50311-2429 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2782 Date of Disbursement 08 / 13 / 2004 Amount of Each Disbursement this Period 1353.12 Category/Type |
|---|--|---|

| | | |
|---|--|---|
| C. Matthew D Deferranti Full Name (Last, First, Middle Initial) Mailing Address 1406 46th St City Des Moines State IA Zip Code 50311-2429 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2783 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 1353.13 Category/Type |
|---|--|---|

SUBTOTAL of Disbursements This Page (optional) ▶

3569.75

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

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. DemStore.com | | Transaction ID: D2521 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 4 |
| Mailing Address 5104 Macarthur Blvd NW | | Amount of Each Disbursement this Period 422.50 |
| City Washington State DC Zip Code 20016-3316 | Purpose of Disbursement Grassroots Campaign Materials-Kerry Pres Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. DemStore.com | | Transaction ID: D2593 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 4 |
| Mailing Address 5104 Macarthur Blvd NW | | Amount of Each Disbursement this Period 510.00 |
| City Washington State DC Zip Code 20016-3316 | Purpose of Disbursement Grassroots Campaign Materials-Kerry Pres Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. DemStore.com | | Transaction ID: D2630 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 4 |
| Mailing Address 5104 Macarthur Blvd NW | | Amount of Each Disbursement this Period 580.00 |
| City Washington State DC Zip Code 20016-3316 | Purpose of Disbursement Grassroots Campaign Materials-Kerry Pres Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1512.50 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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 78 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. DemStore.com | | Transaction ID: D2793 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 5104 Macarthur Blvd NW | | Amount of Each Disbursement this Period 1717.00 |
| City Washington State DC Zip Code 20016-3316 | Purpose of Disbursement Grassroots Campaign Materials-Kerry Pres Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Direct Marketing Associates | | Transaction ID: D2661 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 |
| Mailing Address 2130 Delaware Ave | | Amount of Each Disbursement this Period 710.04 |
| City Des Moines State IA Zip Code 50317-3523 | Purpose of Disbursement Direct Mail-Hall of Fame Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Janelle M Domeyer | | Transaction ID: D2723 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 1916 Parkwild Dr Apt 50 | | Amount of Each Disbursement this Period 891.50 |
| City Council Bluffs State IA Zip Code 51503-1875 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3318.54 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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 79 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Janelle M Domeyer | | Transaction ID: D2727 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 1916 Parkwild Dr Apt 50 | | Amount of Each Disbursement this Period 901.50 |
| City Council Bluffs | State IA Zip Code 51503-1875 | |
| Purpose of Disbursement Net Payroll | | 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: | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Janelle M Domeyer | | Transaction ID: D2260 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 1916 Parkwild Dr Apt 50 | | Amount of Each Disbursement this Period 7.89 |
| City Council Bluffs | State IA Zip Code 51503-1875 | |
| Purpose of Disbursement Reimbursement/Travel | | 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: | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Sarah J Donahue | | Transaction ID: D2775 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 100 N 4th St | | Amount of Each Disbursement this Period 1230.25 |
| City Burlington | State IA Zip Code 52601-5502 | |
| Purpose of Disbursement Net Payroll | | 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) ▶ | 2139.64 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|---|
| A. Sarah J Donahue Full Name (Last, First, Middle Initial) Mailing Address 100 N 4th St City Burlington State IA Zip Code 52601-5502 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2777 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 1230.25 Category/Type |
|---|--|---|

| | | |
|---|--|--|
| B. Erin A Driesbach Full Name (Last, First, Middle Initial) Mailing Address 1820 S 41st St City Lincoln State NE Zip Code 68506-1103 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2598 Date of Disbursement 08 / 10 / 2004 Amount of Each Disbursement this Period 522.41 Category/Type |
|---|--|--|

| | | |
|---|--|--|
| C. Erin A Driesbach Full Name (Last, First, Middle Initial) Mailing Address 1820 S 41st St City Lincoln State NE Zip Code 68506-1103 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2505 Date of Disbursement 08 / 24 / 2004 Amount of Each Disbursement this Period 401.75 Category/Type |
|---|--|--|

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2154.41 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Matthew M Duffy | | Transaction ID: D2655 Date of Disbursement MM / DD / YYYY 08 / 10 / 2004 |
| Mailing Address 3014 Roxboro Drive | | Amount of Each Disbursement this Period 662.58 |
| City Ames State IA Zip Code 50010-4305 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Matthew M Duffy | | Transaction ID: D2440 Date of Disbursement MM / DD / YYYY 08 / 24 / 2004 |
| Mailing Address 3014 Roxboro Drive | | Amount of Each Disbursement this Period 274.61 |
| City Ames State IA Zip Code 50010-4305 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Sarah J Dumdei | | Transaction ID: D2560 Date of Disbursement MM / DD / YYYY 08 / 10 / 2004 |
| Mailing Address 2116 Olive St Apt 3 | | Amount of Each Disbursement this Period 470.99 |
| City Cedar Falls State IA Zip Code 50613-3777 | Purpose of Disbursement Nt payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1408.18 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Sarah J Dumdei | | Transaction ID: D2438 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2116 Olive St Apt 3 | | Amount of Each Disbursement this Period 272.43 |
| City Cedar Falls State IA Zip Code 50613-3777 | | |
| Purpose of Disbursement Net payroll 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. Michael M Dykes | | Transaction ID: D2631 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 5410 Shriver Ave | | Amount of Each Disbursement this Period 583.48 |
| City Des Moines State IA Zip Code 50312-2046 | | |
| Purpose of Disbursement Net Payroll 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. Jessica L Ellerbach | | Transaction ID: D2532 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 4455 Montclair Ct | | Amount of Each Disbursement this Period 435.06 |
| City Bettendorf State IA Zip Code 52722-2226 | | |
| Purpose of Disbursement Net payroll 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1290.97 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) Jessica L Ellerbach | | Transaction ID: D2486 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 4455 Montclair Ct | | Amount of Each Disbursement this Period 376.78 |
| City Bettendorf | State IA | |
| Zip Code 52722-2226 | | |
| Purpose of Disbursement Net payroll | | |
| 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: | | |

| | | |
|--|---|---|
| B. Full Name (Last, First, Middle Initial) Ann C Erickson | | Transaction ID: D2581 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2602 18 St B | | Amount of Each Disbursement this Period 497.75 |
| City Moline | State IL | |
| Zip Code 61265 | | |
| Purpose of Disbursement Net payroll | | |
| 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: | | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Ann C Erickson | | Transaction ID: D2575 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2602 18 St B | | Amount of Each Disbursement this Period 489.40 |
| City Moline | State IL | |
| Zip Code 61265 | | |
| Purpose of Disbursement Net payroll | | |
| 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1363.93 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Christian K Evans | | Transaction ID: D2664 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2105 Exchange St | | Amount of Each Disbursement this Period 737.41 |
| City Keokuk State IA Zip Code 52632-2720 | | |
| Purpose of Disbursement Net payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Christian K Evans | | Transaction ID: D2620 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2105 Exchange St | | Amount of Each Disbursement this Period 556.30 |
| City Keokuk State IA Zip Code 52632-2720 | | |
| Purpose of Disbursement Net payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nicolas J Ferre | | Transaction ID: D2751 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 824 Whitman Ct | | Amount of Each Disbursement this Period 1018.83 |
| City Libertyville State IL Zip Code 60048-1667 | | |
| Purpose of Disbursement Net Payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2312.54 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nicolas J Ferre | | Transaction ID: D2738 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 824 Whitman Ct | | Amount of Each Disbursement this Period 940.61 |
| City Libertyville | State IL Zip Code 60048-1667 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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. Mark R Fetterhoff | | Transaction ID: D2516 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 1310 30th St | | Amount of Each Disbursement this Period 415.75 |
| City Des Moines | State IA Zip Code 50311-2904 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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. Mark R Fetterhoff | | Transaction ID: D2470 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 1310 30th St | | Amount of Each Disbursement this Period 338.40 |
| City Des Moines | State IA Zip Code 50311-2904 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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) ▶ | 1694.76 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Alexander V Fisher | | Transaction ID: D2621 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 164 Hummingbird Ln | | Amount of Each Disbursement this Period 558.00 |
| City Iowa City State IA Zip Code 52245-9257 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Alexander V Fisher | | Transaction ID: D2558 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 164 Hummingbird Ln | | Amount of Each Disbursement this Period 470.71 |
| City Iowa City State IA Zip Code 52245-9257 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Crystal M Ford | | Transaction ID: D2443 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 452 Avon Ct | | Amount of Each Disbursement this Period 278.99 |
| City Colona State IL Zip Code 61241-9643 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1307.70 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 87 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Lucas P Forte | | Transaction ID: D2644 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1124 Oakcrest St Apt 12 | | Amount of Each Disbursement this Period 635.06 |
| City Iowa City State IA Zip Code 52246-5165 | | |
| Purpose of Disbursement Net payroll 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: | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Lucas P Forte | | Transaction ID: D2469 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1124 Oakcrest St Apt 12 | | Amount of Each Disbursement this Period 337.44 |
| City Iowa City State IA Zip Code 52246-5165 | | |
| Purpose of Disbursement Net payroll 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: | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Brad T Frevert | | Transaction ID: D2748 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 2801 Woodland Ave | | Amount of Each Disbursement this Period 1013.46 |
| City West Des Moines State IA Zip Code 50266-2031 | | |
| Purpose of Disbursement Net Payroll 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) ▶ | 1985.96 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Brad T Frevert | | Transaction ID: D2749 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 2801 Woodland Ave | | Amount of Each Disbursement this Period 1013.46 |
| City West Des Moines State IA Zip Code 50266-2031 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Josiah R Friction | | Transaction ID: D2596 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 505 E Burlington St | | Amount of Each Disbursement this Period 515.91 |
| City Iowa City State IA Zip Code 52240-1969 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Josiah R Friction | | Transaction ID: D2562 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 505 E Burlington St | | Amount of Each Disbursement this Period 473.90 |
| City Iowa City State IA Zip Code 52240-1969 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ►

2003.27

TOTAL This Period (last page this line number only) ►

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 89 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jake D Friedrichsen | | Transaction ID: D2483 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 818 W Seerley Blvd | | Amount of Each Disbursement this Period 376.01 |
| City Cedar Falls State IA Zip Code 50613-3763 | Purpose of Disbursement Net payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jake D Friedrichsen | | Transaction ID: D2603 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 818 W Seerley Blvd | | Amount of Each Disbursement this Period 527.83 |
| City Cedar Falls State IA Zip Code 50613-3763 | Purpose of Disbursement Net payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Edward A Furchtenicht | | Transaction ID: D2530 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 621 19th St | | Amount of Each Disbursement this Period 433.22 |
| City Des Moines State IA Zip Code 50309-3301 | Purpose of Disbursement Net payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1337.06 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**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 90 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Edward A Furchtenicht | | Transaction ID: D2465 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 621 19th St | | Amount of Each Disbursement this Period 314.08 |
| City Des Moines | State IA Zip Code 50309-3301 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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. Ezekiel L Furlong | | Transaction ID: D2752 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 705 Maynard Ave | | Amount of Each Disbursement this Period 1023.50 |
| City Waterloo | State IA Zip Code 50701-2121 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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. Ezekiel L Furlong | | Transaction ID: D2754 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 705 Maynard Ave | | Amount of Each Disbursement this Period 1023.50 |
| City Waterloo | State IA Zip Code 50701-2121 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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) ▶ | 2361.08 |
| TOTAL This Period (last page this line number only) ▶ | |

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 91 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Amy M Gallmeyer | | Transaction ID: D2604 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2425 Crane Creek Rd | | Amount of Each Disbursement this Period 531.11 |
| City Waterloo State IA Zip Code 50703-9257 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Amy M Gallmeyer | | Transaction ID: D2563 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2425 Crane Creek Rd | | Amount of Each Disbursement this Period 473.93 |
| City Waterloo State IA Zip Code 50703-9257 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Kurt W Garretson | | Transaction ID: D2583 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1878 Salem Rd | | Amount of Each Disbursement this Period 498.69 |
| City Salem State IA Zip Code 52649-9452 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1503.73 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Kurt W Garretson | | Transaction ID: D2629 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1878 Salem Rd | | Amount of Each Disbursement this Period 577.19 |
| City Salem State IA Zip Code 52649-9452 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Adriann E Gerardi | | Transaction ID: D2698 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 1440 Blairs Ferry Rd NE | | Amount of Each Disbursement this Period 829.62 |
| City Cedar Rapids State IA Zip Code 52402-1228 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Adriann E Gerardi | | Transaction ID: D2700 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 1440 Blairs Ferry Rd NE | | Amount of Each Disbursement this Period 829.62 |
| City Cedar Rapids State IA Zip Code 52402-1228 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2236.43 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 93 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Carrie R Giddins | | Transaction ID: D2761 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 94 Toralemon St | | Amount of Each Disbursement this Period 1130.25 |
| City Brooklyn State NY Zip Code 11201 | | |
| Purpose of Disbursement Net Payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Carrie R Giddins | | Transaction ID: D2778 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 94 Toralemon St | | Amount of Each Disbursement this Period 1230.25 |
| City Brooklyn State NY Zip Code 11201 | | |
| Purpose of Disbursement Net Payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Joseph M Gilde | | Transaction ID: D2472 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 9824 Oakdale Dr | | Amount of Each Disbursement this Period 342.40 |
| City Urbandale State IA Zip Code 50322 | | |
| Purpose of Disbursement Net Payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2702.90 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial) A. Corey J Goerd | | Transaction ID: D2527 Date of Disbursement 08 / 10 / 2004 | |
| Mailing Address 4701 86th PI | | Amount of Each Disbursement this Period 429.43 | |
| City Urbandale | State IA | Zip Code 50322 | Category/ Type |
| Purpose of Disbursement Net payroll | | <input type="checkbox"/> | |
| 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. Corey J Goerd | | Transaction ID: D2553 Date of Disbursement 08 / 24 / 2004 | |
| Mailing Address 4701 86th PI | | Amount of Each Disbursement this Period 461.75 | |
| City Urbandale | State IA | Zip Code 50322 | Category/ Type |
| Purpose of Disbursement Net payroll | | <input type="checkbox"/> | |
| 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. Edward J Goodman | | Transaction ID: D2592 Date of Disbursement 08 / 10 / 2004 | |
| Mailing Address 1306 Tomahawk Dr | | Amount of Each Disbursement this Period 507.78 | |
| City Dubuque | State IA | Zip Code 52003-7878 | Category/ Type |
| Purpose of Disbursement Net payroll | | <input type="checkbox"/> | |
| 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) ▶ | 1398.96 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 95 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Edward J Goodman | | Transaction ID: D2526 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1306 Tomahawk Dr | | Amount of Each Disbursement this Period 429.36 |
| City Dubuque | State IA Zip Code 52003-7878 | |
| Purpose of Disbursement Net payroll | | 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. Luke R Gran | | Transaction ID: D2423 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1137 Friley Stange | | Amount of Each Disbursement this Period 235.12 |
| City Ames | State IA Zip Code 50011-0001 | |
| Purpose of Disbursement Net payroll | | 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. Luke R Gran | | Transaction ID: D2495 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1137 Friley Stange | | Amount of Each Disbursement this Period 391.58 |
| City Ames | State IA Zip Code 50011-0001 | |
| Purpose of Disbursement Net payroll | | 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) ▶ | 1056.06 |
| TOTAL This Period (last page this line number only) ▶ | |

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 96 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ramsey J Green | | Transaction ID: D2591 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 500 W Broadway Ste 100 | | Amount of Each Disbursement this Period 504.23 |
| City Council Bluffs | State IA Zip Code 51503-0819 | |
| Purpose of Disbursement Net Payroll | | 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. Ramsey J Green | | Transaction ID: D2734 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 500 W Broadway Ste 100 | | Amount of Each Disbursement this Period 924.50 |
| City Council Bluffs | State IA Zip Code 51503-0819 | |
| Purpose of Disbursement Net Payroll | | 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. Shannon K Griffiths | | Transaction ID: D2444 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 2422 Hull Ave | | Amount of Each Disbursement this Period 281.67 |
| City Des Moines | State IA Zip Code 50317-3630 | |
| Purpose of Disbursement Net payroll | | 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1710.40 |
| TOTAL This Period (last page this line number only) | |

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 97 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| A. Shannon K Griffiths Full Name (Last, First, Middle Initial) Mailing Address 2422 Hull Ave City Des Moines State IA Zip Code 50317-3630 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2364 Date of Disbursement 08 / 24 / 2004 Amount of Each Disbursement this Period 138.52 Category/Type |
|--|--|--|

| | | |
|---|--|--|
| B. David J Groves Full Name (Last, First, Middle Initial) Mailing Address 15 Beacon St City York Beach State ME Zip Code 03910 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2819 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 526.23 Category/Type |
|---|--|--|

| | | |
|--|--|--|
| C. Tavis M Hall Full Name (Last, First, Middle Initial) Mailing Address 2085 Howard Avenue City Waterloo State IA Zip Code 50702-3134 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2457 Date of Disbursement 08 / 10 / 2004 Amount of Each Disbursement this Period 294.84 Category/Type |
|--|--|--|

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 959.59 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Tavis M Hall | | Transaction ID: D2648 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2085 Howard Avenue | | Amount of Each Disbursement this Period 649.72 |
| City Waterloo State IA Zip Code 50702-3134 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Robert L Hamill | | Transaction ID: D2682 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 3407 Grand Ave Apt 122 | | Amount of Each Disbursement this Period 798.50 |
| City Des Moines State IA Zip Code 50312-4111 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Robert L Hamill | | Transaction ID: D2750 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3407 Grand Ave Apt 122 | | Amount of Each Disbursement this Period 1017.03 |
| City Des Moines State IA Zip Code 50312-4111 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2465.25 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Rachel C Hardesty | | Transaction ID: D2683 Date of Disbursement MM / DD / YYYY 08 / 13 / 2004 |
| Mailing Address 630 N 6th St Apt 212 | | Amount of Each Disbursement this Period 798.50 |
| City Burlington State IA Zip Code 52601-5053 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Rachel C Hardesty | | Transaction ID: D2686 Date of Disbursement MM / DD / YYYY 08 / 31 / 2004 |
| Mailing Address 630 N 6th St Apt 212 | | Amount of Each Disbursement this Period 798.50 |
| City Burlington State IA Zip Code 52601-5053 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Heather M Hargreaves | | Transaction ID: D2656 Date of Disbursement MM / DD / YYYY 08 / 13 / 2004 |
| Mailing Address 1408 Locust St | | Amount of Each Disbursement this Period 663.35 |
| City Des Moines State IA Zip Code 50309-3014 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2260.35 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 100 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Heather M Hargreaves | | Transaction ID: D2756 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 1408 Locust St | | Amount of Each Disbursement this Period 1060.38 |
| City Des Moines | State IA Zip Code 50309-3014 | |
| Purpose of Disbursement Net Payroll | | 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. Richard E Harman | | Transaction ID: D2636 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 258 N Hyland Ave Apt 1 | | Amount of Each Disbursement this Period 597.28 |
| City Ames | State IA Zip Code 50014-2863 | |
| Purpose of Disbursement Net payroll | | 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. Richard E Harman | | Transaction ID: D2606 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 258 N Hyland Ave Apt 1 | | Amount of Each Disbursement this Period 534.24 |
| City Ames | State IA Zip Code 50014-2863 | |
| Purpose of Disbursement Net payroll | | 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2191.90 |
| TOTAL This Period (last page this line number only) ▶ | |

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 101 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jesse G Harris | | Transaction ID: D2739 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 975 Applewood Ln | | Amount of Each Disbursement this Period 956.38 |
| City Waukee State IA Zip Code 50263-8267 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jesse G Harris | | Transaction ID: D2773 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 975 Applewood Ln | | Amount of Each Disbursement this Period 1227.87 |
| City Waukee State IA Zip Code 50263-8267 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Janet L Haselhoff | | Transaction ID: D2787 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3843 8th PI | | Amount of Each Disbursement this Period 1396.36 |
| City Des Moines State IA Zip Code 50313-3338 | Category/ Type | |
| Purpose of Disbursement Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3580.61 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Brian A Hayden | | Transaction ID: D2715 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 1026 Central Ave | | Amount of Each Disbursement this Period 883.50 |
| City Fort Dodge | State IA Zip Code 50501-4002 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Brian A Hayden | | Transaction ID: D2718 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 1026 Central Ave | | Amount of Each Disbursement this Period 883.50 |
| City Fort Dodge | State IA Zip Code 50501-4002 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Megan E Heneke | | Transaction ID: D2740 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 712 E Market St | | Amount of Each Disbursement this Period 973.50 |
| City Iowa City | State IA Zip Code 52245-2657 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2740.50 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 103 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Megan E Heneke | | Transaction ID: D2741 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2004 |
| Mailing Address 712 E Market St | | Amount of Each Disbursement this Period 973.50 |
| City Iowa City State IA Zip Code 52245-2657 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Jack N Herbert | | Transaction ID: D2509 Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2004 |
| Mailing Address 327 E College St Apt 1718 | | Amount of Each Disbursement this Period 408.90 |
| City Iowa City State IA Zip Code 52240-1685 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Jack N Herbert | | Transaction ID: D2404 Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2004 |
| Mailing Address 327 E College St Apt 1718 | | Amount of Each Disbursement this Period 217.64 |
| City Iowa City State IA Zip Code 52240-1685 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1600.04 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 104 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Javarra M Hodge | | Transaction ID: D2446 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 227 Madison St | | Amount of Each Disbursement this Period 286.28 |
| City Waterloo State IA Zip Code 50703-4239 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Javarra M Hodge | | Transaction ID: D2610 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 227 Madison St | | Amount of Each Disbursement this Period 540.25 |
| City Waterloo State IA Zip Code 50703-4239 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Amanda A Hollis | | Transaction ID: D2541 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 510 Billy Sunday Rd | | Amount of Each Disbursement this Period 449.93 |
| City Ames State IA Zip Code 50010-8110 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1276.46 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 105 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Amanda A Hollis | | Transaction ID: D2442 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 510 Billy Sunday Rd | | Amount of Each Disbursement this Period 278.52 |
| City Ames State IA Zip Code 50010-8110 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Alison R Hoyer | | Transaction ID: D2650 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 504 W Monroe St | | Amount of Each Disbursement this Period 653.82 |
| City Mt Pleasant State IA Zip Code 52641-2119 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Alison R Hoyer | | Transaction ID: D2448 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 504 W Monroe St | | Amount of Each Disbursement this Period 286.29 |
| City Mt Pleasant State IA Zip Code 52641-2119 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1218.63 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**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 106 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Benjamin G Humphrey | | Transaction ID: D2722 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 705 Maynard Ave | | Amount of Each Disbursement this Period 884.00 |
| City Waterloo State IA Zip Code 50701-2121 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Benjamin G Humphrey | | Transaction ID: D2695 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 705 Maynard Ave | | Amount of Each Disbursement this Period 816.50 |
| City Waterloo State IA Zip Code 50701-2121 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Image Point | | Transaction ID: D2804 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 |
| Mailing Address 1224 Laporte Rd | | Amount of Each Disbursement this Period 3122.71 |
| City Waterloo State IA Zip Code 50702-2708 | Purpose of Disbursement T-shirts for resale Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4823.21 |
| TOTAL This Period (last page this line number only) ▶ | |

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 107 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Bethany A Inman | | Transaction ID: D2305 Date of Disbursement 08 / 18 / 2004 |
| Mailing Address 301 S 5th St Apt 346 | | Amount of Each Disbursement this Period 50.00 |
| City Ames State IA Zip Code 50010-6826 | | |
| Purpose of Disbursement Staff Training 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. Internal Revenue Service | | Transaction ID: D2814 Date of Disbursement 08 / 02 / 2004 |
| Mailing Address SERVICE Center | | Amount of Each Disbursement this Period 14066.92 |
| City Ogden State UT Zip Code 84201-0039 | | |
| Purpose of Disbursement Payroll taxes 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. Internal Revenue Service | | Transaction ID: D2815 Date of Disbursement 08 / 18 / 2004 |
| Mailing Address SERVICE Center | | Amount of Each Disbursement this Period 15240.48 |
| City Ogden State UT Zip Code 84201-0039 | | |
| Purpose of Disbursement Payroll taxes 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) ▶ | 29357.40 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 108 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jeffrey D Jacobs | | Transaction ID: D2519 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 3415 119th Avenue Ct W | | Amount of Each Disbursement this Period 421.79 |
| City Milan State IL Zip Code 61264-4500 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jeffrey D Jacobs | | Transaction ID: D2641 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 3415 119th Avenue Ct W | | Amount of Each Disbursement this Period 611.49 |
| City Milan State IL Zip Code 61264-4500 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jeffrey D Jacobs | | Transaction ID: D2331 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 3415 119th Avenue Ct W | | Amount of Each Disbursement this Period 87.75 |
| City Milan State IL Zip Code 61264-4500 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1121.03 |
| TOTAL This Period (last page this line number only) ▶ | |

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 109 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|---|
| A. Jeffrey D Jacobs Full Name (Last, First, Middle Initial) Mailing Address 3415 119th Avenue Ct W City Milan State IL Zip Code 61264-4500 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2760 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 1129.07 Category/Type |
|---|--|---|

| | | |
|---|--|--|
| B. James A Johnson Full Name (Last, First, Middle Initial) Mailing Address 2516 Piedmont Ave Apt 25 City Berkeley State CA Zip Code 94704-3144 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2659 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 691.72 Category/Type |
|---|--|--|

| | | |
|---|--|--|
| C. Margo A Johnston Full Name (Last, First, Middle Initial) Mailing Address 1500 Old House Rd City Pasadena State CA Zip Code 91107-1519 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2719 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 883.50 Category/Type |
|---|--|--|

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2704.29 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 110 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Joseph L Jones, II | | Transaction ID: D2788 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 900 65th St Apt 63 | | Amount of Each Disbursement this Period 1407.35 |
| City Windsor Heights | State IA Zip Code 50312-1065 | |
| Purpose of Disbursement Net Payroll | | |
| 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. Joseph L Jones, II | | Transaction ID: D2386 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 900 65th St Apt 63 | | Amount of Each Disbursement this Period 181.27 |
| City Windsor Heights | State IA Zip Code 50312-1065 | |
| Purpose of Disbursement Reimbursement/Travel | | |
| 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. Joseph L Jones, II | | Transaction ID: D2786 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 900 65th St Apt 63 | | Amount of Each Disbursement this Period 1388.12 |
| City Windsor Heights | State IA Zip Code 50312-1065 | |
| Purpose of Disbursement Net Payroll | | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2976.74 |
| TOTAL This Period (last page this line number only) ▶ | |

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 111 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|---|---|-------------------|
| A. Full Name (Last, First, Middle Initial) Shayla Kasel | | Transaction ID: D2762 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 | |
| Mailing Address 2403 35th St | | Amount of Each Disbursement this Period 1130.25 | |
| City Des Moines | State IA | Zip Code 50310-4550 | Category/ Type |
| Purpose of Disbursement Net Payroll | | <input type="checkbox"/> | |
| 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. Full Name (Last, First, Middle Initial) Shayla Kasel | | Transaction ID: D2806 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 | |
| Mailing Address 2403 35th St | | Amount of Each Disbursement this Period 3478.21 | |
| City Des Moines | State IA | Zip Code 50310-4550 | Category/ Type |
| Purpose of Disbursement Net Payroll | | <input type="checkbox"/> | |
| 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. Full Name (Last, First, Middle Initial) Ashley R Kockler | | Transaction ID: D2468 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 | |
| Mailing Address 705 14th Street Pl | | Amount of Each Disbursement this Period 333.62 | |
| City Nevada | State IA | Zip Code 50201-2405 | Category/ Type |
| Purpose of Disbursement Net payroll | | <input type="checkbox"/> | |
| 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) ▶ | 4942.08 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 112 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Golden Krishna | | Transaction ID: D2493 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 3901 Stonebridge Rd | | Amount of Each Disbursement this Period 383.66 |
| City West Des Moines State IA Zip Code 50265-3963 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Alison N Kurth | | Transaction ID: D2290 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 415 E 14th St | | Amount of Each Disbursement this Period 37.80 |
| City Davenport State IA Zip Code 52803-4403 | Category/ Type | |
| Purpose of Disbursement Reimbursement/Travel | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Alison N Kurth | | Transaction ID: D2716 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 415 E 14th St | | Amount of Each Disbursement this Period 883.50 |
| City Davenport State IA Zip Code 52803-4403 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1304.96 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 113 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) Alison N Kurth | | Transaction ID: D2744 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 415 E 14th St | | Amount of Each Disbursement this Period 995.29 |
| City Davenport State IA Zip Code 52803-4403 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| B. Full Name (Last, First, Middle Initial) Alison N Kurth | | Transaction ID: D2262 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 415 E 14th St | | Amount of Each Disbursement this Period 9.72 |
| City Davenport State IA Zip Code 52803-4403 | Category/ Type | |
| Purpose of Disbursement Reimbursement/Travel | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Eric J Langston | | Transaction ID: D2642 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 4257 Sunland Ct SE | | Amount of Each Disbursement this Period 613.19 |
| City Cedar Rapids State IA Zip Code 52403-2119 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1618.20 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 114 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Eric J Langston | | Transaction ID: D2407 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 4257 Sunland Ct SE | | Amount of Each Disbursement this Period 219.64 |
| City Cedar Rapids | State IA Zip Code 52403-2119 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Matthew C Lees | | Transaction ID: D2577 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 5848 Hunt Rd | | Amount of Each Disbursement this Period 494.07 |
| City Burlington | State IA Zip Code 52601-8908 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Matthew C Lees | | Transaction ID: D2632 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 5848 Hunt Rd | | Amount of Each Disbursement this Period 591.04 |
| City Burlington | State IA Zip Code 52601-8908 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1304.75 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nicholas R Leitheiser | | Transaction ID: D2434 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 616 Billy Sunday Rd No 207 | | Amount of Each Disbursement this Period 253.74 |
| City Ames State IA Zip Code 50010 | Purpose of Disbursement Reimbursement/Travel Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Nicholas R Leitheiser | | Transaction ID: D2691 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 616 Billy Sunday Rd No 207 | | Amount of Each Disbursement this Period 814.50 |
| City Ames State IA Zip Code 50010 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nicholas R Leitheiser | | Transaction ID: D2692 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 616 Billy Sunday Rd No 207 | | Amount of Each Disbursement this Period 814.50 |
| City Ames State IA Zip Code 50010 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1882.74 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nicholas R Leitheiser | | Transaction ID: D2380 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 616 Billy Sunday Rd No 207 | | Amount of Each Disbursement this Period 172.59 |
| City Ames State IA Zip Code 50010 | Purpose of Disbursement Reimbursement/Travel Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Amy N Levy | | Transaction ID: D2406 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 9848 Brookview Dr | | Amount of Each Disbursement this Period 218.66 |
| City Urbandale State IA Zip Code 50322-6248 | Purpose of Disbursement Reimbursement/Travel Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Amy N Levy | | Transaction ID: D2693 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 9848 Brookview Dr | | Amount of Each Disbursement this Period 816.50 |
| City Urbandale State IA Zip Code 50322-6248 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1207.75 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 117 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Amy N Levy | | Transaction ID: D2272 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 9848 Brookview Dr | | Amount of Each Disbursement this Period 16.00 |
| City Urbandale State IA Zip Code 50322-6248 | Purpose of Disbursement Reimbursement/Travel Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Amy N Levy | | Transaction ID: D2758 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 9848 Brookview Dr | | Amount of Each Disbursement this Period 1122.23 |
| City Urbandale State IA Zip Code 50322-6248 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nicholas J Liker | | Transaction ID: D2507 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 218 N Hyland Ave Apt 201 | | Amount of Each Disbursement this Period 406.34 |
| City Ames State IA Zip Code 50014-7452 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1544.57 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 118 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Nicholas J Liker | | Transaction ID: D2547 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 218 N Hyland Ave Apt 201 | | Amount of Each Disbursement this Period 454.37 |
| City Ames State IA Zip Code 50014-7452 | | |
| Purpose of Disbursement Net payroll 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. Mitchell D Lingo | | Transaction ID: D2473 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2535 Heather View Cir | | Amount of Each Disbursement this Period 345.40 |
| City Marion State IA Zip Code 52302-6414 | | |
| Purpose of Disbursement Net payroll 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. Mitchell D Lingo | | Transaction ID: D2291 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2535 Heather View Cir | | Amount of Each Disbursement this Period 38.61 |
| City Marion State IA Zip Code 52302-6414 | | |
| Purpose of Disbursement Net payroll 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) ▶ | 838.38 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 119 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Kathleen M List | | Transaction ID: D2482 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 111 Sheldon Ave Apt 3 | | Amount of Each Disbursement this Period 372.81 |
| City Ames State IA Zip Code 50014-4065 | | |
| Purpose of Disbursement Net payroll | | 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. Kathleen M List | | Transaction ID: D2427 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 111 Sheldon Ave Apt 3 | | Amount of Each Disbursement this Period 241.97 |
| City Ames State IA Zip Code 50014-4065 | | |
| Purpose of Disbursement Net payroll | | 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. Abigail A Longstreet | | Transaction ID: D2450 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 572 S Cedar Ave | | Amount of Each Disbursement this Period 287.82 |
| City Elmhurst State IL Zip Code 60126-4136 | | |
| Purpose of Disbursement Reimbursement/Travel | | 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) ▶ | 902.60 |
| TOTAL This Period (last page this line number only) ▶ | |

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 120 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Abigail A Longstreet | | Transaction ID: D2772 Date of Disbursement 08 / 13 / 2004 | |
| Mailing Address 572 S Cedar Ave | | Amount of Each Disbursement this Period 1216.46 | |
| City Elmhurst State IL Zip Code 60126-4136 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Abigail A Longstreet | | Transaction ID: D2712 Date of Disbursement 08 / 31 / 2004 | |
| Mailing Address 572 S Cedar Ave | | Amount of Each Disbursement this Period 875.60 | |
| City Elmhurst State IL Zip Code 60126-4136 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Elisabeth N Lyons | | Transaction ID: D2817 Date of Disbursement 08 / 13 / 2004 | |
| Mailing Address 82 Hathaway Cir | | Amount of Each Disbursement this Period 185.25 | |
| City Arlington State MA Zip Code 02476-7251 | Purpose of Disbursement Reimbursement/Travel Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2277.31 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 121 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) A. Elisabeth N Lyons | | Transaction ID: D2822 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 82 Hathaway Cir | | Amount of Each Disbursement this Period 943.50 |
| City Arlington | State MA | |
| Zip Code 02476-7251 | | Category/ Type |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) B. Rachel E Madden | | Transaction ID: D2533 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 831 E Jefferson St Apt 12 | | Amount of Each Disbursement this Period 435.26 |
| City Iowa City | State IA | |
| Zip Code 52245-2439 | | Category/ Type |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) C. Amanda R Mahnke | | Transaction ID: D2765 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 1800 Watrous Ave Apt 19C | | Amount of Each Disbursement this Period 1199.25 |
| City Des Moines | State IA | |
| Zip Code 50315-3217 | | Category/ Type |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2578.01 |
| TOTAL This Period (last page this line number only) ▶ | |

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 122 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Amanda R Mahnke | | Transaction ID: D2766 Date of Disbursement MM / DD / YYYY 08 / 31 / 2004 |
| Mailing Address 1800 Watrous Ave Apt 19C | | Amount of Each Disbursement this Period 1199.25 |
| City Des Moines State IA Zip Code 50315-3217 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Marion Times | | Transaction ID: D2264 Date of Disbursement MM / DD / YYYY 08 / 03 / 2004 |
| Mailing Address 808 6th St Ste 1 | | Amount of Each Disbursement this Period 10.80 |
| City Marion State IA Zip Code 52302-5765 | Purpose of Disbursement Employment Ad Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Samuel C McCormally | | Transaction ID: D2545 Date of Disbursement MM / DD / YYYY 08 / 10 / 2004 |
| Mailing Address 12828 Kettering Dr | | Amount of Each Disbursement this Period 452.51 |
| City Herndon State VA Zip Code 20171-2447 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1662.56 |
| TOTAL This Period (last page this line number only) ▶ | |

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 123 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Samuel C McCormally | | Transaction ID: D2424 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 12828 Kettering Dr | | Amount of Each Disbursement this Period 235.49 |
| City Herndon State VA Zip Code 20171-2447 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. John D McMillin | | Transaction ID: D2487 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 821 W 28th St | | Amount of Each Disbursement this Period 379.09 |
| City Cedar Falls State IA Zip Code 50613-5018 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. John D McMillin | | Transaction ID: D2399 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 821 W 28th St | | Amount of Each Disbursement this Period 216.09 |
| City Cedar Falls State IA Zip Code 50613-5018 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 830.67 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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 124 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) John D McMillin | | Transaction ID: D2667 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 821 W 28th St | | Amount of Each Disbursement this Period 746.84 |
| City Cedar Falls State IA Zip Code 50613-5018 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Jamie McQuillen-Benge | | Transaction ID: D2498 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2515 Tremont St | | Amount of Each Disbursement this Period 394.51 |
| City Cedar Falls State IA Zip Code 50613-3950 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Jamie McQuillen-Benge | | Transaction ID: D2582 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2515 Tremont St | | Amount of Each Disbursement this Period 498.42 |
| City Cedar Falls State IA Zip Code 50613-3950 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1639.77 |
| TOTAL This Period (last page this line number only) ▶ | |

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 125 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|---|--|-------------------|
| Full Name (Last, First, Middle Initial) A. Kyle L Meck | | Transaction ID: D2584 Date of Disbursement 08 / 10 / 2004 | |
| Mailing Address 15206 145th Ave | | Amount of Each Disbursement this Period 498.69 | |
| City Burlington | State IA | Zip Code 52601-8749 | Category/ Type |
| Purpose of Disbursement Net payroll | | <input type="checkbox"/> | |
| 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. Kyle L Meck | | Transaction ID: D2447 Date of Disbursement 08 / 24 / 2004 | |
| Mailing Address 15206 145th Ave | | Amount of Each Disbursement this Period 286.28 | |
| City Burlington | State IA | Zip Code 52601-8749 | Category/ Type |
| Purpose of Disbursement Net payroll | | <input type="checkbox"/> | |
| 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. Richard J Mellinger | | Transaction ID: D2458 Date of Disbursement 08 / 24 / 2004 | |
| Mailing Address 104 N Garfield Ave | | Amount of Each Disbursement this Period 295.52 | |
| City Burlington | State IA | Zip Code 52601-4214 | Category/ Type |
| Purpose of Disbursement Net Payroll | | <input type="checkbox"/> | |
| 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) ▶ | 1080.49 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Andrew P Mertens | | Transaction ID: D2658 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2808 Garden Cir | | Amount of Each Disbursement this Period 690.41 |
| City Burlington State IA Zip Code 52601-1539 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Andrew P Mertens | | Transaction ID: D2449 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2808 Garden Cir | | Amount of Each Disbursement this Period 286.29 |
| City Burlington State IA Zip Code 52601-1539 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Amanda L Miller | | Transaction ID: D2441 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1133 Grand Blvd | | Amount of Each Disbursement this Period 278.52 |
| City Cedar Falls State IA Zip Code 50613-4305 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1255.22 |
| TOTAL This Period (last page this line number only) ▶ | |

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 127 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Amanda L Miller | | Transaction ID: D2435 Date of Disbursement MM / DD / YYYY 08 / 24 / 2004 |
| Mailing Address 1133 Grand Blvd | | Amount of Each Disbursement this Period 255.81 |
| City Cedar Falls | State IA | |
| Zip Code 50613-4305 | | |
| Purpose of Disbursement Net payroll | | |
| 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. Andrew J Miller | | Transaction ID: D2538 Date of Disbursement MM / DD / YYYY 08 / 10 / 2004 |
| Mailing Address 3015 Oakland Street | | Amount of Each Disbursement this Period 443.28 |
| City Ames | State IA | |
| Zip Code 50010-6392 | | |
| Purpose of Disbursement Net payroll | | |
| 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. Andrew J Miller | | Transaction ID: D2614 Date of Disbursement MM / DD / YYYY 08 / 24 / 2004 |
| Mailing Address 3015 Oakland Street | | Amount of Each Disbursement this Period 547.64 |
| City Ames | State IA | |
| Zip Code 50010-6392 | | |
| Purpose of Disbursement Net payroll | | |
| 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) ▶ | 1246.73 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 128 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Maria M Misra | | Transaction ID: D2477 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 517 Iowa Ave Apt 4A | | Amount of Each Disbursement this Period 358.34 |
| City Iowa City State IA Zip Code 52240-1814 | | |
| Purpose of Disbursement Net payroll | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Maria M Misra | | Transaction ID: D2520 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 517 Iowa Ave Apt 4A | | Amount of Each Disbursement this Period 422.46 |
| City Iowa City State IA Zip Code 52240-1814 | | |
| Purpose of Disbursement Net payroll | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Brendon D Moe | | Transaction ID: D2496 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 3202 University Dr Apt K2 | | Amount of Each Disbursement this Period 392.64 |
| City Cedar Falls State IA Zip Code 50613-4871 | | |
| Purpose of Disbursement Net payroll | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1173.44 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 129 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Brendon D Moe | | Transaction ID: D2502 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 3202 University Dr Apt K2 | | Amount of Each Disbursement this Period 399.85 |
| City Cedar Falls State IA Zip Code 50613-4871 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Andrew N Monson | | Transaction ID: D2633 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 5621 S 170th St | | Amount of Each Disbursement this Period 591.69 |
| City Omaha State NE Zip Code 68135-2257 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Andrew N Monson | | Transaction ID: D2485 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 5621 S 170th St | | Amount of Each Disbursement this Period 376.57 |
| City Omaha State NE Zip Code 68135-2257 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1368.11 |
| TOTAL This Period (last page this line number only) ▶ | |

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 130 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Amy C Murray | | Transaction ID: D2708 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 250 Courtyard Dr Apt 110 | | Amount of Each Disbursement this Period 863.50 |
| City State Zip Code Dakota Dunes SD 57049-5179 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Amy C Murray | | Transaction ID: D2710 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 250 Courtyard Dr Apt 110 | | Amount of Each Disbursement this Period 863.50 |
| City State Zip Code Dakota Dunes SD 57049-5179 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ramona J Muse | | Transaction ID: D2478 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1704 Q Ave | | Amount of Each Disbursement this Period 358.40 |
| City State Zip Code Madrid IA 50156-7575 | Purpose of Disbursement Net payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2085.40 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 131 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|---|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Ramona J Muse</p> | | <p>Transaction ID: D2524 Date of Disbursement 08 / 24 / 2004</p> | |
| <p>Mailing Address 1704 Q Ave</p> | | <p>Amount of Each Disbursement this Period 425.43</p> | |
| <p>City Madrid State IA Zip Code 50156-7575</p> | <p>Purpose of Disbursement Net payroll Candidate Name Category/Type</p> | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | |

| | | | |
|--|---|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Maria G Navarro</p> | | <p>Transaction ID: D2580 Date of Disbursement 08 / 10 / 2004</p> | |
| <p>Mailing Address 5673 18th St</p> | | <p>Amount of Each Disbursement this Period 496.98</p> | |
| <p>City Bettendorf State IA Zip Code 52722-7531</p> | <p>Purpose of Disbursement Net payroll Candidate Name Category/Type</p> | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | |

| | | | |
|--|---|--|--|
| <p>C. Full Name (Last, First, Middle Initial) Maria G Navarro</p> | | <p>Transaction ID: D2419 Date of Disbursement 08 / 24 / 2004</p> | |
| <p>Mailing Address 5673 18th St</p> | | <p>Amount of Each Disbursement this Period 230.87</p> | |
| <p>City Bettendorf State IA Zip Code 52722-7531</p> | <p>Purpose of Disbursement Net payroll Candidate Name Category/Type</p> | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | |

SUBTOTAL of Disbursements This Page (optional) ▶

1153.28

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

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 132 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Keith E Nelson | | Transaction ID: D2590 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 531 Benjamin Blvd | | Amount of Each Disbursement this Period 502.25 |
| City Pleasant Hill | State IA | |
| Zip Code 50327-2119 | | |
| Purpose of Disbursement Net payroll | | |
| 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. Keith E Nelson | | Transaction ID: D2554 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 531 Benjamin Blvd | | Amount of Each Disbursement this Period 461.75 |
| City Pleasant Hill | State IA | |
| Zip Code 50327-2119 | | |
| Purpose of Disbursement Net payroll | | |
| 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. Brent L Nerhus | | Transaction ID: D2367 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 155 Woodside Drive, Apt. D5 | | Amount of Each Disbursement this Period 140.76 |
| City Iowa City | State IA | |
| Zip Code 52246-2822 | | |
| Purpose of Disbursement Net payroll | | |
| 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) ▶

1104.76

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

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 133 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Brent L Nerhus | | Transaction ID: D2595 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 155 Woodside Drive, Apt. D5 | | Amount of Each Disbursement this Period 515.45 |
| City Iowa City State IA Zip Code 52246-2822 | | |
| Purpose of Disbursement Net payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ethan A Newlin | | Transaction ID: D2589 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 200 Stanton Ave Apt 503 | | Amount of Each Disbursement this Period 501.97 |
| City Ames State IA Zip Code 50014-6806 | | |
| Purpose of Disbursement Net payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ethan A Newlin | | Transaction ID: D2491 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 200 Stanton Ave Apt 503 | | Amount of Each Disbursement this Period 381.82 |
| City Ames State IA Zip Code 50014-6806 | | |
| Purpose of Disbursement Net payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1399.24 |
| TOTAL This Period (last page this line number only) ▶ | |

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 134 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Marcia L Nichols | | Transaction ID: D2353 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 5917 Greendale Pl Apt 203 | | Amount of Each Disbursement this Period 120.43 |
| City Johnston State IA Zip Code 50131-2020 | Purpose of Disbursement Reimbursement/Travel Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Marcia L Nichols | | Transaction ID: D2801 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 5917 Greendale Pl Apt 203 | | Amount of Each Disbursement this Period 2877.75 |
| City Johnston State IA Zip Code 50131-2020 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Marcia L Nichols | | Transaction ID: D2802 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 5917 Greendale Pl Apt 203 | | Amount of Each Disbursement this Period 2877.75 |
| City Johnston State IA Zip Code 50131-2020 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5875.93 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 135 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Marcia L Nichols | | Transaction ID: D2394 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 5917 Greendale Pl Apt 203 | | Amount of Each Disbursement this Period 209.44 |
| City Johnston State IA Zip Code 50131-2020 | | |
| Purpose of Disbursement Reimbursement/Travel Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. John P Noonan | | Transaction ID: D2576 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1707 Navajo St | | Amount of Each Disbursement this Period 489.46 |
| City Burlington State IA Zip Code 52601-3489 | | |
| Purpose of Disbursement Net payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. John P Noonan | | Transaction ID: D2654 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1707 Navajo St | | Amount of Each Disbursement this Period 660.30 |
| City Burlington State IA Zip Code 52601-3489 | | |
| Purpose of Disbursement Net payroll Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1359.20 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 136 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Northern Iowan | | Transaction ID: D2263 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address L011 Maucker Un | | Amount of Each Disbursement this Period 10.00 |
| City Cedar Falls | State IA Zip Code 50614-0001 | |
| Purpose of Disbursement Employment Ad | | 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. Omaha World-Herald | | Transaction ID: D2362 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 4 |
| Mailing Address PO Box 2964 | | Amount of Each Disbursement this Period 130.02 |
| City Omaha | State NE Zip Code 68103-2964 | |
| Purpose of Disbursement Employmet Ad | | 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. Benedict M O'Meara | | Transaction ID: D2370 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1670 Monticello Ct | | Amount of Each Disbursement this Period 146.23 |
| City Wheaton | State IL Zip Code 60187-8235 | |
| Purpose of Disbursement Net Payroll | | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 286.25 |
| TOTAL This Period (last page this line number only) ▶ | |

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 137 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Matthew W Opad | | Transaction ID: D2579 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 922 E Washington St Apt 4 | | Amount of Each Disbursement this Period 496.85 |
| City Iowa City State IA Zip Code 52240-5202 | | |
| Purpose of Disbursement Net payroll 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. Matthew W Opad | | Transaction ID: D2617 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 922 E Washington St Apt 4 | | Amount of Each Disbursement this Period 554.26 |
| City Iowa City State IA Zip Code 52240-5202 | | |
| Purpose of Disbursement Net payroll 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. Jordan E Oster | | Transaction ID: D2522 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1637 NW 122nd St | | Amount of Each Disbursement this Period 422.51 |
| City Clive State IA Zip Code 50325-8112 | | |
| Purpose of Disbursement Net payroll 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) ▶ | 1473.62 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jordan E Oster | | Transaction ID: D2557 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1637 NW 122nd St | | Amount of Each Disbursement this Period 470.12 |
| City Clive State IA Zip Code 50325-8112 | | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. William T Peffer | | Transaction ID: D2539 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2483 Grande Ave SE | | Amount of Each Disbursement this Period 443.43 |
| City Cedar Rapids State IA Zip Code 52403-2817 | | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nathan J Peterson | | Transaction ID: D2555 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1009 Leavenworth St Apt 310 | | Amount of Each Disbursement this Period 461.75 |
| City Omaha State NE Zip Code 68102-2923 | | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1375.30 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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 139 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) Joseph F Pieper | | Transaction ID: D2726 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 3335 325th St | | Amount of Each Disbursement this Period 901.50 |
| City Dexter State IA Zip Code 50070-7529 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---|
| B. Full Name (Last, First, Middle Initial) Joseph F Pieper | | Transaction ID: D2728 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3335 325th St | | Amount of Each Disbursement this Period 901.50 |
| City Dexter State IA Zip Code 50070-7529 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Gregory K Piklapp | | Transaction ID: D2625 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 1025 5th St | | Amount of Each Disbursement this Period 571.48 |
| City Boone State IA Zip Code 50036-2950 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2374.48 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**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 140 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Gregory K Piklapp | | Transaction ID: D2377 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 1025 5th St | | Amount of Each Disbursement this Period 169.50 |
| City Boone State IA Zip Code 50036-2950 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Laura A Pomerance | | Transaction ID: D2729 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 6904 Maple Ave | | Amount of Each Disbursement this Period 901.50 |
| City Chevy Chase State MD Zip Code 20815-5114 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Quad City Times | | Transaction ID: D2426 Date of Disbursement 08 / 03 / 2004 |
| Mailing Address 1416 W 16th St Ste 103 | | Amount of Each Disbursement this Period 239.35 |
| City Davenport State IA Zip Code 52804-3652 | Purpose of Disbursement Employment Ad Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1310.35 |
| TOTAL This Period (last page this line number only) ▶ | |

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 141 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Sandra E Reich | | Transaction ID: D2556 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 1519 29th St | | Amount of Each Disbursement this Period 464.74 |
| City Moline State IL Zip Code 61265-3317 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Sandra E Reich | | Transaction ID: D2572 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 1519 29th St | | Amount of Each Disbursement this Period 484.83 |
| City Moline State IL Zip Code 61265-3317 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Victoria A Reich | | Transaction ID: D2436 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 1519 29th St | | Amount of Each Disbursement this Period 258.58 |
| City Moline State IL Zip Code 61265-3317 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1208.15 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 142 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Courtney M Rickert | | Transaction ID: D2666 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 1306 34th St Apt 27 | | Amount of Each Disbursement this Period 739.70 |
| City Des Moines | State IA Zip Code 50311-2722 | |
| Purpose of Disbursement Net Payroll | | 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. Courtney M Rickert | | Transaction ID: D2336 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 1306 34th St Apt 27 | | Amount of Each Disbursement this Period 96.39 |
| City Des Moines | State IA Zip Code 50311-2722 | |
| Purpose of Disbursement Reimbursement/Travel | | 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. Courtney M Rickert | | Transaction ID: D2665 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 1306 34th St Apt 27 | | Amount of Each Disbursement this Period 739.69 |
| City Des Moines | State IA Zip Code 50311-2722 | |
| Purpose of Disbursement Net Payroll | | 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1575.78 |
| TOTAL This Period (last page this line number only) ▶ | |

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 143 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Philip F Rippke | | Transaction ID: D2646 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2109 College St Apt 49 | | Amount of Each Disbursement this Period 641.79 |
| City Cedar Falls State IA Zip Code 50613-3681 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Philip F Rippke | | Transaction ID: D2660 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2109 College St Apt 49 | | Amount of Each Disbursement this Period 693.16 |
| City Cedar Falls State IA Zip Code 50613-3681 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Oliver Roeder | | Transaction ID: D2552 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 110 Lincoln Place Dr | | Amount of Each Disbursement this Period 461.75 |
| City Des Moines State IA Zip Code 50312-4504 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1796.70 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 144 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|--|--|
| A. Oliver Roeder Full Name (Last, First, Middle Initial) Mailing Address 110 Lincoln Place Dr City Des Moines State IA Zip Code 50312-4504 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2578 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 Amount of Each Disbursement this Period 494.07 Category/Type |
|---|--|--|

| | | |
|--|--|--|
| B. Crystal Roldan Full Name (Last, First, Middle Initial) Mailing Address 766 Charlotte Ave City Davenport State IA Zip Code 52803-5725 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2523 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 Amount of Each Disbursement this Period 424.81 Category/Type |
|--|--|--|

| | | |
|--|--|--|
| C. Crystal Roldan Full Name (Last, First, Middle Initial) Mailing Address 766 Charlotte Ave City Davenport State IA Zip Code 52803-5725 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2565 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 Amount of Each Disbursement this Period 475.60 Category/Type |
|--|--|--|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1394.48 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 145 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Shawn M Rolland | | Transaction ID: D2673 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 1243 34th St | | Amount of Each Disbursement this Period 750.76 |
| City Des Moines | State IA Zip Code 50311-2701 | |
| Purpose of Disbursement Net Payroll | | 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. Shawn M Rolland | | Transaction ID: D2674 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 1243 34th St | | Amount of Each Disbursement this Period 750.76 |
| City Des Moines | State IA Zip Code 50311-2701 | |
| Purpose of Disbursement Net Payroll | | 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. Kathleen T Ryan | | Transaction ID: D2365 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 4449 Woolworth Ave | | Amount of Each Disbursement this Period 138.52 |
| City Omaha | State NE Zip Code 68105-1756 | |
| Purpose of Disbursement Net Payroll | | 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1640.04 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 146 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jennifer A Rysdam | | Transaction ID: D2561 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address Buena Vista University Box 2676 | | Amount of Each Disbursement this Period 472.55 |
| City Storm Lake State IA Zip Code 50588 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jennifer A Rysdam | | Transaction ID: D2618 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address Buena Vista University Box 2676 | | Amount of Each Disbursement this Period 554.26 |
| City Storm Lake State IA Zip Code 50588 | Category/ Type | |
| Purpose of Disbursement Net payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Nicholas Saponara | | Transaction ID: D2594 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 59 Dartmouth Ave | | Amount of Each Disbursement this Period 512.23 |
| City Yonkers State NY Zip Code 10701-5605 | Category/ Type | |
| Purpose of Disbursement Reimbursement/Travel | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1539.04 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 147 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| A. Nicholas Saponara Full Name (Last, First, Middle Initial) Mailing Address 59 Dartmouth Ave City Yonkers State NY Zip Code 10701-5605 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2730 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 Amount of Each Disbursement this Period 908.50 Category/Type |
|--|--|--|

| | | |
|---|--|---|
| B. Nicholas Saponara Full Name (Last, First, Middle Initial) Mailing Address 59 Dartmouth Ave City Yonkers State NY Zip Code 10701-5605 Purpose of Disbursement Reimbursement/Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2296 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 Amount of Each Disbursement this Period 42.20 Category/Type |
|---|--|---|

| | | |
|--|--|--|
| C. Benjamin B Schelling Full Name (Last, First, Middle Initial) Mailing Address 443 Leaches Point Rd City Orland State ME Zip Code 04472-3665 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2820 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 Amount of Each Disbursement this Period 883.50 Category/Type |
|--|--|--|

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1834.20 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 148 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) A. Benjamin B Schelling | | Transaction ID: D2818 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 443 Leaches Point Rd | | Amount of Each Disbursement this Period 189.27 |
| City Orland | State ME | |
| Zip Code 04472-3665 | | Category/ Type |
| Purpose of Disbursement Reimbursement/Travel | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) B. Benjamin B Schelling | | Transaction ID: D2821 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 443 Leaches Point Rd | | Amount of Each Disbursement this Period 883.50 |
| City Orland | State ME | |
| Zip Code 04472-3665 | | Category/ Type |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|------------------|--|
| Full Name (Last, First, Middle Initial) C. Hannah J Schoenthal-Muse | | Transaction ID: D2753 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 2102 44th St | | Amount of Each Disbursement this Period 1023.50 |
| City Des Moines | State IA | |
| Zip Code 50310-3011 | | Category/ Type |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2096.27 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 149 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Hannah J Schoenthal-Muse | | Transaction ID: D2755 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 2102 44th St | | Amount of Each Disbursement this Period 1023.50 |
| City Des Moines State IA Zip Code 50310-3011 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Hannah J Schoenthal-Muse | | Transaction ID: D2279 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 2102 44th St | | Amount of Each Disbursement this Period 23.22 |
| City Des Moines State IA Zip Code 50310-3011 | Purpose of Disbursement Reimbursement/Travel Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Alan F Schultz | | Transaction ID: D2574 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1635 26th St NW | | Amount of Each Disbursement this Period 489.33 |
| City Cedar Rapids State IA Zip Code 52405-1420 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1536.05 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Joseph B Scully, III | | Transaction ID: D2724 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 926 Main St | | Amount of Each Disbursement this Period 891.50 |
| City Grinnell State IA Zip Code 50112-2048 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Secretary of State | | Transaction ID: D2292 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 4 |
| Mailing Address Hoover Building | | Amount of Each Disbursement this Period 39.68 |
| City Des Moines State IA Zip Code 50319-0106 | Purpose of Disbursement Voter File Update Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Wooi J See | | Transaction ID: D2506 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1019 Sioux Dr NW | | Amount of Each Disbursement this Period 402.07 |
| City Cedar Rapids State IA Zip Code 52405-2338 | Purpose of Disbursement Net payroll Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1333.25 |
| TOTAL This Period (last page this line number only) ▶ | |

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 151 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Wooi J See | | Transaction ID: D2528 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1019 Sioux Dr NW | | Amount of Each Disbursement this Period 429.43 |
| City Cedar Rapids | State IA Zip Code 52405-2338 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> 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. Christopher A Sime | | Transaction ID: D2515 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 803 Franklin St | | Amount of Each Disbursement this Period 415.73 |
| City Cedar Falls | State IA Zip Code 50613-2966 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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. Christopher A Sime | | Transaction ID: D2652 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 803 Franklin St | | Amount of Each Disbursement this Period 655.74 |
| City Cedar Falls | State IA Zip Code 50613-2966 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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) ▶ | 1500.90 |
| TOTAL This Period (last page this line number only) ▶ | |

**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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jayme A Sime | | Transaction ID: D2393 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 1621 S Main St | | Amount of Each Disbursement this Period 203.17 |
| City Burlington State IA Zip Code 52601-6124 | Purpose of Disbursement Net Payroll | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Daniel T Simmons | | Transaction ID: D2288 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 1913 Albert St N | | Amount of Each Disbursement this Period 34.56 |
| City Falcon Heights State MN Zip Code 55113-6166 | Purpose of Disbursement Reimbursement/Travel | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Daniel T Simmons | | Transaction ID: D2725 Date of Disbursement 08 / 31 / 2004 |
| Mailing Address 1913 Albert St N | | Amount of Each Disbursement this Period 899.50 |
| City Falcon Heights State MN Zip Code 55113-6166 | Purpose of Disbursement Net Payroll | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1137.23 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 153 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Joshua R Sims | | Transaction ID: D2602 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 104 Crestview Dr | | Amount of Each Disbursement this Period 527.33 |
| City West Branch | State IA Zip Code 52358-9648 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Joshua R Sims | | Transaction ID: D2601 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 104 Crestview Dr | | Amount of Each Disbursement this Period 525.55 |
| City West Branch | State IA Zip Code 52358-9648 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) William J Sims | | Transaction ID: D2310 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1317 E 17th St | | Amount of Each Disbursement this Period 55.41 |
| City Des Moines | State IA Zip Code 50316-4019 | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1108.29 |
| TOTAL This Period (last page this line number only) ▶ | |

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 154 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. William J Sims | | Transaction ID: D2501 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 1317 E 17th St | | Amount of Each Disbursement this Period 398.57 |
| City Des Moines | State IA Zip Code 50316-4019 | |
| Purpose of Disbursement Net payroll | | 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. Steven S Sloan | | Transaction ID: D2276 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 205 14th St SE Apt 305 | | Amount of Each Disbursement this Period 21.55 |
| City Cedar Rapids | State IA Zip Code 52403-4068 | |
| Purpose of Disbursement Reimbursement/Travel | | 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. Steven S Sloan | | Transaction ID: D2733 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address 205 14th St SE Apt 305 | | Amount of Each Disbursement this Period 922.14 |
| City Cedar Rapids | State IA Zip Code 52403-4068 | |
| Purpose of Disbursement Net payroll | | 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1342.26 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Steven S Sloan Full Name (Last, First, Middle Initial) Mailing Address 205 14th St SE Apt 305 City Cedar Rapids State IA Zip Code 52403-4068 Purpose of Disbursement Reimbursement/Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2328 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 84.88 Category/Type |
|--|--|---|

| | | |
|---|--|--|
| B. Steven S Sloan Full Name (Last, First, Middle Initial) Mailing Address 205 14th St SE Apt 305 City Cedar Rapids State IA Zip Code 52403-4068 Purpose of Disbursement Net payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2732 Date of Disbursement 08 / 31 / 2004 Amount of Each Disbursement this Period 922.13 Category/Type |
|---|--|--|

| | | |
|--|--|--|
| C. Michael E Smith Full Name (Last, First, Middle Initial) Mailing Address 980 Arica Ave City Marion State IA Zip Code 52302-5915 Purpose of Disbursement Net Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D2540 Date of Disbursement 08 / 24 / 2004 Amount of Each Disbursement this Period 449.61 Category/Type |
|--|--|--|

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1456.62 |
| TOTAL This Period (last page this line number only) ▶ | |

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 156 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Shannon R Smith | | Transaction ID: D2570 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 3865 Woodland Ave Apt 5 | | Amount of Each Disbursement this Period 484.10 |
| City West Des Moines State IA Zip Code 50266-1986 | | |
| Purpose of Disbursement Net payroll | | 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: | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Shannon R Smith | | Transaction ID: D2396 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 3865 Woodland Ave Apt 5 | | Amount of Each Disbursement this Period 212.88 |
| City West Des Moines State IA Zip Code 50266-1986 | | |
| Purpose of Disbursement Net payroll | | 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: | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Leslie Ann Spring | | Transaction ID: D2510 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2819 N Main St | | Amount of Each Disbursement this Period 409.42 |
| City Davenport State IA Zip Code 52803-1127 | | |
| Purpose of Disbursement Net payroll | | 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) ▶ | 1106.40 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 157 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Leslie Ann Spring | | Transaction ID: D2518 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 2819 N Main St | | Amount of Each Disbursement this Period 420.19 |
| City Davenport | State IA Zip Code 52803-1127 | |
| Purpose of Disbursement Net payroll | | 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. Thomas F Stewart | | Transaction ID: D2494 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 300 W Penn St | | Amount of Each Disbursement this Period 384.51 |
| City Williamsburg | State IA Zip Code 52361-9460 | |
| Purpose of Disbursement Net payroll | | 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. Thomas F Stewart | | Transaction ID: D2508 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 300 W Penn St | | Amount of Each Disbursement this Period 407.22 |
| City Williamsburg | State IA Zip Code 52361-9460 | |
| Purpose of Disbursement Net payroll | | 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1211.92 |
| TOTAL This Period (last page this line number only) ▶ | |

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 158 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jennifer C Stokes | | Transaction ID: D2684 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 517 S Governor St | | Amount of Each Disbursement this Period 798.50 |
| City Iowa City State IA Zip Code 52240-5624 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jennifer C Stokes | | Transaction ID: D2324 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 517 S Governor St | | Amount of Each Disbursement this Period 75.87 |
| City Iowa City State IA Zip Code 52240-5624 | Category/ Type | |
| Purpose of Disbursement Reimbursement/Travel | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Jennifer C Stokes | | Transaction ID: D2687 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 517 S Governor St | | Amount of Each Disbursement this Period 798.50 |
| City Iowa City State IA Zip Code 52240-5624 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1672.87 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 159 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jennifer C Stokes | | Transaction ID: D2462 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 517 S Governor St | | Amount of Each Disbursement this Period 303.78 |
| City Iowa City State IA Zip Code 52240-5624 | Purpose of Disbursement Reimbursement/Travel Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Kathryn B Taber | | Transaction ID: D2422 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address Coe College GMV 1046 | | Amount of Each Disbursement this Period 232.96 |
| City Cedar Rapids State IA Zip Code 52402 | Purpose of Disbursement Net Payroll Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jesse Tangkpanya | | Transaction ID: D2402 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2604 Barlett Road | | Amount of Each Disbursement this Period 217.03 |
| City Iowa City State IA Zip Code 52246 | Purpose of Disbursement Net Payroll Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 753.77 |
| TOTAL This Period (last page this line number only) ▶ | |

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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jesse Tangkpanya | | Transaction ID: D2622 Date of Disbursement MM / DD / YYYY 08 / 24 / 2004 |
| Mailing Address 2604 Barlett Road | | Amount of Each Disbursement this Period 558.71 |
| City Iowa City State IA Zip Code 52246 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Daily Nonpareil | | Transaction ID: D2408 Date of Disbursement MM / DD / YYYY 08 / 03 / 2004 |
| Mailing Address 535 W Broadway Ste 300 | | Amount of Each Disbursement this Period 220.98 |
| City Council Bluffs State IA Zip Code 51503-0831 | Category/ Type | |
| Purpose of Disbursement Employment Ad | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. James M Thompson | | Transaction ID: D2717 Date of Disbursement MM / DD / YYYY 08 / 13 / 2004 |
| Mailing Address 3619 Gunston Rd | | Amount of Each Disbursement this Period 883.50 |
| City Alexandria State VA Zip Code 22302-2007 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1663.19 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**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 161 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>A. Full Name (Last, First, Middle Initial) James M Thompson</p> | | <p>Transaction ID: D2268 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 3 | | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 8 | | 1 | 3 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | |
| <p>Mailing Address 3619 Gunston Rd</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>14.57</td> </tr> </table> | 14.57 | | | | | | | | | | | | | | | | | | | |
| 14.57 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Alexandria State VA Zip Code 22302-2007</p> | <p>Purpose of Disbursement Reimbursement/Travel</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Category/Type</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>B. Full Name (Last, First, Middle Initial) James M Thompson</p> | | <p>Transaction ID: D2720 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 3 | 1 | | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 8 | | 3 | 1 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | |
| <p>Mailing Address 3619 Gunston Rd</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>883.50</td> </tr> </table> | 883.50 | | | | | | | | | | | | | | | | | | | |
| 883.50 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Alexandria State VA Zip Code 22302-2007</p> | <p>Purpose of Disbursement Net Payroll</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Category/Type</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Matthew L Thompson</p> | | <p>Transaction ID: D2559 Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 0 | | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 8 | | 1 | 0 | | 2 | 0 | 0 | 4 | | | | | | | | | | | | | |
| <p>Mailing Address 2522 Pierce Ave</p> | | <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>470.98</td> </tr> </table> | 470.98 | | | | | | | | | | | | | | | | | | | |
| 470.98 | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Ames State IA Zip Code 50010-4415</p> | <p>Purpose of Disbursement Net payroll</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Category/Type</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>State: District:</p> | | | | | | | | | | | | | | | | | | | | | | |

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|---|-----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>1369.05</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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 162 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Matthew L Thompson | | Transaction ID: D2428 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2522 Pierce Ave | | Amount of Each Disbursement this Period 243.37 |
| City Ames State IA Zip Code 50010-4415 | Purpose of Disbursement Net payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bridget Trainor | | Transaction ID: D2829 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 |
| Mailing Address 1407 41st St | | Amount of Each Disbursement this Period 201.29 |
| City Des Moines State IA Zip Code 50311-2519 | Purpose of Disbursement reimb travel exp at national conven | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Treasurer, State of Iowa | | Transaction ID: D2807 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address PO Box 10412 | | Amount of Each Disbursement this Period 3620.00 |
| City Des Moines State IA Zip Code 50306-0412 | Purpose of Disbursement Iowa W/H Deposit | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4064.66 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 163 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Treasurer, State of Iowa | | Transaction ID: D2320 Date of Disbursement 08 / 13 / 2004 |
| Mailing Address PO Box 10412 | | Amount of Each Disbursement this Period 72.00 |
| City Des Moines | State IA Zip Code 50306-0412 | |
| Purpose of Disbursement Iowa W/H Deposit | | 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. Jacob W Trumm | | Transaction ID: D2569 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 106 N Governor St | | Amount of Each Disbursement this Period 482.86 |
| City Iowa City | State IA Zip Code 52245-2614 | |
| Purpose of Disbursement Net payroll | | 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. Jacob W Trumm | | Transaction ID: D2343 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 106 N Governor St | | Amount of Each Disbursement this Period 101.59 |
| City Iowa City | State IA Zip Code 52245-2614 | |
| Purpose of Disbursement Net payroll | | 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) ▶ | 656.45 |
| TOTAL This Period (last page this line number only) ▶ | |

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 164 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Christian Urrutia | | Transaction ID: D2612 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 630 N Dubuque St | | Amount of Each Disbursement this Period 544.86 |
| City Iowa City State IA Zip Code 52245-1915 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Christian Urrutia | | Transaction ID: D2624 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 630 N Dubuque St | | Amount of Each Disbursement this Period 564.48 |
| City Iowa City State IA Zip Code 52245-1915 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Christian Urrutia | | Transaction ID: D2645 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 630 N Dubuque St | | Amount of Each Disbursement this Period 635.34 |
| City Iowa City State IA Zip Code 52245-1915 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1744.68 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 165 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. USPS | | Transaction ID: D2735 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 4 |
| Mailing Address 1165 2nd Ave | | Amount of Each Disbursement this Period 925.00 |
| City Des Moines | State IA Zip Code 50318-9704 | |
| Purpose of Disbursement Postage | | 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. USPS | | Transaction ID: D2372 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 4 |
| Mailing Address 1165 2nd Ave | | Amount of Each Disbursement this Period 150.00 |
| City Des Moines | State IA Zip Code 50318-9704 | |
| Purpose of Disbursement Postage | | 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. USPS | | Transaction ID: D2736 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 4 |
| Mailing Address 1165 2nd Ave | | Amount of Each Disbursement this Period 925.00 |
| City Des Moines | State IA Zip Code 50318-9704 | |
| Purpose of Disbursement Postage | | 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) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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 166 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. VAN LCC | | Transaction ID: D2823 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 |
| Mailing Address 54 Regent St | | Amount of Each Disbursement this Period 4250.00 |
| City Cambridge State MA Zip Code 02140-2112 | Purpose of Disbursement Voter File Hosting | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Emily M Van Norman | | Transaction ID: D2653 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2515 Tremont St | | Amount of Each Disbursement this Period 655.76 |
| City Cedar Falls State IA Zip Code 50613-3950 | Purpose of Disbursement Net Payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Emily M Van Norman | | Transaction ID: D2550 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2515 Tremont St | | Amount of Each Disbursement this Period 461.08 |
| City Cedar Falls State IA Zip Code 50613-3950 | Purpose of Disbursement Net Payroll | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5366.84 |
| TOTAL This Period (last page this line number only) ▶ | |

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 167 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Jason D Van Zee | | Transaction ID: D2599 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 2555 Oxford Ln NW Apt 4 | | Amount of Each Disbursement this Period 523.34 |
| City Cedar Rapids State IA Zip Code 52405-1183 | | |
| Purpose of Disbursement Net payroll 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: | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Jason D Van Zee | | Transaction ID: D2369 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 2555 Oxford Ln NW Apt 4 | | Amount of Each Disbursement this Period 146.03 |
| City Cedar Rapids State IA Zip Code 52405-1183 | | |
| Purpose of Disbursement Net payroll 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: | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Devin M Walker | | Transaction ID: D2312 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 331 Hillcrest Ave | | Amount of Each Disbursement this Period 60.03 |
| City Ames State IA Zip Code 50014-3578 | | |
| Purpose of Disbursement Net Payroll 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) ▶ | 729.40 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**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 168 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Devin M Walker | | Transaction ID: D2600 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 331 Hillcrest Ave | | Amount of Each Disbursement this Period 525.48 |
| City Ames State IA Zip Code 50014-3578 | | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Renner K Walker | | Transaction ID: D2471 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1922 80th St | | Amount of Each Disbursement this Period 342.02 |
| City Windsor Heights State IA Zip Code 50322-5604 | | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Renner K Walker | | Transaction ID: D2417 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1922 80th St | | Amount of Each Disbursement this Period 228.73 |
| City Windsor Heights State IA Zip Code 50322-5604 | | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1096.23 |
| TOTAL This Period (last page this line number only) ▶ | |

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 169 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Megan M Weddingfeld | | Transaction ID: D2588 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 5643 Kirkwood Blvd SW | | Amount of Each Disbursement this Period 500.89 |
| City Cedar Rapids | State IA Zip Code 52404-8233 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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. Megan M Weddingfeld | | Transaction ID: D2543 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 5643 Kirkwood Blvd SW | | Amount of Each Disbursement this Period 452.03 |
| City Cedar Rapids | State IA Zip Code 52404-8233 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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. Jessie R Weishaar | | Transaction ID: D2699 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 1516 Otley Ave | | Amount of Each Disbursement this Period 829.62 |
| City Perry | State IA Zip Code 50220-1751 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> 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) ▶ | 1782.54 |
| TOTAL This Period (last page this line number only) ▶ | |

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 170 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Jessie R Weishaar | | Transaction ID: D2283 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 1516 Otley Ave | | Amount of Each Disbursement this Period 28.35 |
| City Perry State IA Zip Code 50220-1751 | Purpose of Disbursement Reimbursement/Travel Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Jessie R Weishaar | | Transaction ID: D2701 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 1516 Otley Ave | | Amount of Each Disbursement this Period 829.62 |
| City Perry State IA Zip Code 50220-1751 | Purpose of Disbursement Net Payroll Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Jessie R Weishaar | | Transaction ID: D2265 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 1516 Otley Ave | | Amount of Each Disbursement this Period 10.80 |
| City Perry State IA Zip Code 50220-1751 | Purpose of Disbursement Reimbursement/Travel Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 868.77 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 171 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Wellmark | | Transaction ID: D2680 Date of Disbursement MM / DD / YYYY 08 / 03 / 2004 | |
| Mailing Address PO Box 10353 | | Amount of Each Disbursement this Period 787.60 | |
| City Des Moines State IA Zip Code 50306-0353 | Purpose of Disbursement Health Insurance Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Wellmark | | Transaction ID: D2626 Date of Disbursement MM / DD / YYYY 08 / 26 / 2004 | |
| Mailing Address PO Box 10353 | | Amount of Each Disbursement this Period 572.80 | |
| City Des Moines State IA Zip Code 50306-0353 | Purpose of Disbursement Health Insurance Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Andrew J Wenthe | | Transaction ID: D2685 Date of Disbursement MM / DD / YYYY 08 / 13 / 2004 | |
| Mailing Address 4410 University Ave Apt 217 | | Amount of Each Disbursement this Period 798.50 | |
| City Cedar Falls State IA Zip Code 50613-6220 | Purpose of Disbursement Net Payroll Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2158.90 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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 172 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Andrew J Wenthe | | Transaction ID: D2338 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 4410 University Ave Apt 217 | | Amount of Each Disbursement this Period 97.52 |
| City Cedar Falls State IA Zip Code 50613-6220 | | |
| Purpose of Disbursement Reimbursement/Travel 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. Andrew J Wenthe | | Transaction ID: D2461 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 4410 University Ave Apt 217 | | Amount of Each Disbursement this Period 300.69 |
| City Cedar Falls State IA Zip Code 50613-6220 | | |
| Purpose of Disbursement Reimbursement/Travel 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: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Andrew J Wenthe | | Transaction ID: D2688 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 4410 University Ave Apt 217 | | Amount of Each Disbursement this Period 798.50 |
| City Cedar Falls State IA Zip Code 50613-6220 | | |
| Purpose of Disbursement Net Payroll 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: | | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1196.71 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Gabriel J Whitaker | | Transaction ID: D2608 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 204 Jewel Dr Apt 5 | | Amount of Each Disbursement this Period 539.13 |
| City Ames State IA Zip Code 50010-8576 | | |
| Purpose of Disbursement Net Payroll 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. Gabriel J Whitaker | | Transaction ID: D2500 Date of Disbursement 08 / 24 / 2004 |
| Mailing Address 204 Jewel Dr Apt 5 | | Amount of Each Disbursement this Period 396.43 |
| City Ames State IA Zip Code 50010-8576 | | |
| Purpose of Disbursement Net Payroll 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. Zachary J White | | Transaction ID: D2549 Date of Disbursement 08 / 10 / 2004 |
| Mailing Address 821 W 28th St | | Amount of Each Disbursement this Period 458.95 |
| City Cedar Falls State IA Zip Code 50613-5018 | | |
| Purpose of Disbursement Net Payroll 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: | | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1394.51 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 174 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Zachary J White | | Transaction ID: D2627 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 821 W 28th St | | Amount of Each Disbursement this Period 572.89 |
| City Cedar Falls | State IA Zip Code 50613-5018 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Michael J Wiegand | | Transaction ID: D2623 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1242 42nd St | | Amount of Each Disbursement this Period 564.43 |
| City Des Moines | State IA Zip Code 50311-2527 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Michael J Wiegand | | Transaction ID: D2474 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1242 42nd St | | Amount of Each Disbursement this Period 346.31 |
| City Des Moines | State IA Zip Code 50311-2527 | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1483.63 |
| TOTAL This Period (last page this line number only) ▶ | |

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 175 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Aaron M Wilds | | Transaction ID: D2597 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 411 S 38th Ave | | Amount of Each Disbursement this Period 521.24 |
| City Omaha State NE Zip Code 68131-3808 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Aaron M Wilds | | Transaction ID: D2467 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 411 S 38th Ave | | Amount of Each Disbursement this Period 323.23 |
| City Omaha State NE Zip Code 68131-3808 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Kathryn M Williams | | Transaction ID: D2400 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 7 Wenwood Ct | | Amount of Each Disbursement this Period 216.64 |
| City Council Bluffs State IA Zip Code 51503-5127 | | |
| Purpose of Disbursement Net payroll | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1061.11 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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 176 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Zachary B Williams | | Transaction ID: D2390 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3042 Livonia Ave Apt B2 | | Amount of Each Disbursement this Period 188.28 |
| City Los Angeles State CA Zip Code 90034-3167 | | |
| Purpose of Disbursement Net Payroll | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Zachary B Williams | | Transaction ID: D2737 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 3042 Livonia Ave Apt B2 | | Amount of Each Disbursement this Period 932.06 |
| City Los Angeles State CA Zip Code 90034-3167 | | |
| Purpose of Disbursement Reimbursement/Travel | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Michael J Wolfe | | Transaction ID: D2609 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1070 50th St Unit 1D | | Amount of Each Disbursement this Period 539.91 |
| City West Des Moines State IA Zip Code 50266-4900 | | |
| Purpose of Disbursement Net payroll | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1660.25 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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 177 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Jon M Woodruff | | Transaction ID: D2568 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1243 34th St | | Amount of Each Disbursement this Period 481.02 |
| City Des Moines State IA Zip Code 50311-2701 | Purpose of Disbursement Net payroll | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Jon M Woodruff | | Transaction ID: D2490 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1243 34th St | | Amount of Each Disbursement this Period 381.79 |
| City Des Moines State IA Zip Code 50311-2701 | Purpose of Disbursement Net payroll | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Jeffrey D Yanecek | | Transaction ID: D2615 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 |
| Mailing Address 785 Prospect Ct | | Amount of Each Disbursement this Period 550.53 |
| City North Liberty State IA Zip Code 52317-9128 | Purpose of Disbursement Reimbursement/Travel | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

1413.34

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

**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 178 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jeffrey D Yanecek | | Transaction ID: D2681 Date of Disbursement 08 / 13 / 2004 | |
| Mailing Address 785 Prospect Ct | | Amount of Each Disbursement this Period 796.50 | |
| City North Liberty State IA Zip Code 52317-9128 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jeffrey D Yanecek | | Transaction ID: D2711 Date of Disbursement 08 / 31 / 2004 | |
| Mailing Address 785 Prospect Ct | | Amount of Each Disbursement this Period 873.45 | |
| City North Liberty State IA Zip Code 52317-9128 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Melissa L Zamora | | Transaction ID: D2675 Date of Disbursement 08 / 13 / 2004 | |
| Mailing Address 210 S Prairer View Dr No 1215 | | Amount of Each Disbursement this Period 762.21 | |
| City West Des Moines State IA Zip Code 50266 | Purpose of Disbursement Net Payroll Candidate Name Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2432.16 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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 179 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Melissa L Zamora | | Transaction ID: D2721 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 |
| Mailing Address 210 S Prairer View Dr No 1215 | | Amount of Each Disbursement this Period 883.50 |
| City West Des Moines State IA Zip Code 50266 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Chad M Zenisek | | Transaction ID: D2605 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 7400 Saint Patricks Rd | | Amount of Each Disbursement this Period 533.68 |
| City Fairfax State IA Zip Code 52228-9793 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Adam B Zimmerman | | Transaction ID: D2452 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 1434 Grand Ave | | Amount of Each Disbursement this Period 288.20 |
| City Iowa City State IA Zip Code 52246-1912 | Category/ Type | |
| Purpose of Disbursement Net Payroll | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1705.38 |
| TOTAL This Period (last page this line number only) ▶ | |

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 180 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Adam B Zimmerman | | Transaction ID: D2529 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 1434 Grand Ave | | Amount of Each Disbursement this Period 430.27 |
| City Iowa City State IA Zip Code 52246-1912 | | |
| Purpose of Disbursement Net Payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Aaron S Zoellick | | Transaction ID: D2613 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 4 |
| Mailing Address 650 Orchard Ct | | Amount of Each Disbursement this Period 544.87 |
| City Iowa City State IA Zip Code 52246-5534 | | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Aaron S Zoellick | | Transaction ID: D2567 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 |
| Mailing Address 650 Orchard Ct | | Amount of Each Disbursement this Period 480.22 |
| City Iowa City State IA Zip Code 52246-5534 | | |
| Purpose of Disbursement Net payroll | <input type="checkbox"/> Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1455.36 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 181 / 239

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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 checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Nathan Zoromski | | Transaction ID: D2327 Date of Disbursement 08 / 16 / 2004 | |
| Mailing Address 219 Ash Ave | | Amount of Each Disbursement this Period 81.00 | |
| City Ames | State IA | Zip Code 50014-7114 | |
| Purpose of Disbursement Reimbursement/Travel | | Category/ Type | |
| Candidate Name | | Disbursement For: | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | | |

| | |
|--|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 81.00 |
| TOTAL This Period (last page this line number only) | 255168.73 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Iowa Democratic Party - State Account

Mailing Address 5661 Fleur Dr

City State ZIP Code
Des Moines IA 50321-2841

Nature of Debt (Purpose):
Non-Federal Contribution owed to NF acco

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: D16550 | |
| 1200.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 1200.00 | |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1200.00 |
| 2) TOTALS This Period (last page this line number only)..... | 1200.00 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 IOWA DEMOCRATIC PARTY

| | | |
|--|--|-------------------------------------|
| NAME OF ACCOUNT Iowa Democratic Party | DATE OF RECEIPT M M / D D / Y Y Y Y 08 / 23 / 2004 | TOTAL AMOUNT TRANSFERRED 7397.61 |
|--|--|-------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|---------|--------------------|
| i) Total Administrative | 7397.61 | Transaction ID: T1 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|--|
| TOTAL This Period (Administrative) | |
| TOTAL This Period (Generic Voter Drive) | |
| TOTAL This Period (Exempt Activities) | |
| TOTAL This Period (Direct Fundraising) | |
| TOTAL This Period (Direct Candidate Support) | |
| TOTAL This Period (Public Communications Referring Only to Party) | |
| TOTAL This Period (Total Amount Transferred) | |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 IOWA DEMOCRATIC PARTY

| | | |
|--|--|--------------------------------------|
| NAME OF ACCOUNT Iowa Democratic Party | DATE OF RECEIPT M M / D D / Y Y Y Y 08 / 24 / 2004 | TOTAL AMOUNT TRANSFERRED 10000.00 |
|--|--|--------------------------------------|

| | | |
|--|--|---------------------|
| BREAKDOWN OF TRANSFER RECEIVED | | 10000.00 |
| i) Total Administrative | | Transaction ID: T20 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

| | |
|---|--|
| TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED | |
| TOTAL This Period (Administrative) | |
| TOTAL This Period (Generic Voter Drive) | |
| TOTAL This Period (Exempt Activities) | |
| TOTAL This Period (Direct Fundraising) | |
| TOTAL This Period (Direct Candidate Support) | |
| TOTAL This Period (Public Communications Referring Only to Party) | |
| TOTAL This Period (Total Amount Transferred) | |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 IOWA DEMOCRATIC PARTY

| | | |
|--|---|-------------------------------------|
| NAME OF ACCOUNT IDP House Truman Fund | DATE OF RECEIPT M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 4 | TOTAL AMOUNT TRANSFERRED 6680.97 |
|--|---|-------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|---------|---------------------|
| i) Total Administrative | 6680.97 | Transaction ID: T23 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|--|
| TOTAL This Period (Administrative) | |
| TOTAL This Period (Generic Voter Drive) | |
| TOTAL This Period (Exempt Activities) | |
| TOTAL This Period (Direct Fundraising) | |
| TOTAL This Period (Direct Candidate Support) | |
| TOTAL This Period (Public Communications Referring Only to Party) | |
| TOTAL This Period (Total Amount Transferred) | |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 IOWA DEMOCRATIC PARTY

| | | |
|---|---|-------------------------------------|
| NAME OF ACCOUNT IDP Senate Majority Fund | DATE OF RECEIPT M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 4 | TOTAL AMOUNT TRANSFERRED 6352.73 |
|---|---|-------------------------------------|

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|---------|---------------------|
| i) Total Administrative | 6352.73 | Transaction ID: T24 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|----------|
| TOTAL This Period (Administrative) | 30431.31 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred) | 30431.31 |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) ABC Disposal Systems | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 113 Reynolds Pl | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Hiawatha | State IA | Zip Code 52233-1378 | Date <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Trash Disposal Service | | | Transaction ID: D2282H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.08 | | 17.92 | | 28.00 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) A-C Contractors | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1404 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50305-1404 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Air Conditioning Repairs | | | Transaction ID: D2649H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 234.66 | | 417.20 | | 651.86 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Acuity Insurance | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 718 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Sheboygan | State WI | Zip Code 53082-0718 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Insurance Premium | | | Transaction ID: D2799H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 893.24 | | 1588.00 | | 2481.24 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1137.98 | | 2023.12 | | 3161.10 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Clint D Albertsen | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1607 Little John Cir Apt 6 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Council Bluffs | State IA | Zip Code 51503-0533 | Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Transaction ID: D2333H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 69.72 | | 90.72 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Nicholaos G Antonopoulos | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 118 1/2 S Dubuque St Apt 8 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Iowa City | State IA | Zip Code 52240-4019 | Date M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2300H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.96 | | 31.93 | | 49.89 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Nicholaos G Antonopoulos | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 118 1/2 S Dubuque St Apt 8 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Iowa City | State IA | Zip Code 52240-4019 | Date M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2371H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 53.17 | | 94.53 | | 147.70 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 92.13 | | 196.18 | | 288.31 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Binder Electric | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2138 Lyon St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50317-5245 | Date <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Parking Security Light Service | | | Transaction ID: D2790H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 534.24 | | 949.76 | | 1484.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Christopher D Bonfig | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 320 E Burlington St Apt 8 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Iowa City | State IA | Zip Code 52240-1670 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2297H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 15.27 | | 27.16 | | 42.43 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Boston Marriott Long Wharf | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 296 State St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Boston | State MA | Zip Code 02109-2607 | Date <input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Travel/Hotel | | | Transaction ID: D2811H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2610.41 | | 4640.73 | | 7251.14 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 3159.92 | | 5617.65 | | 8777.57 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) James Boyd | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1902 Kingman Blvd | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City Des Moines | State IA | Zip Code 50311 | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 2 | 4 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 2 | 4 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2332H4 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 67.34 | | 88.34 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Ben J Brady | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2707 Hampton St | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City Ames | State IA | Zip Code 50010-7132 | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 1 | 3 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 1 | 3 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2413H4 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 81.77 | | 145.39 | | 227.16 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Christine Brandt | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 311 S 52nd St | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City Omaha | State NE | Zip Code 68132-3543 | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 2 | 4 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 2 | 4 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2350H4 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.00 | | 80.82 | | 110.82 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 132.77 | | 293.55 | | 426.32 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | |
|--|-------------|------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Seth A Brooks | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 3828 Cass St Apt 5 | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Omaha | State NE | Zip Code 68131-1851 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2306H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.46 | | 32.84 | | 51.30 |

| | | | | |
|--|-------------|------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Seth A Brooks | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 3828 Cass St Apt 5 | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Omaha | State NE | Zip Code 68131-1851 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2445H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 101.57 | | 180.58 | | 282.15 |

| | | | | |
|---|-------------|------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Justin R Buell | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 3249 Jackson St | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City San Francisco | State CA | Zip Code 94118-2016 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2349H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 38.62 | | 68.67 | | 107.29 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 158.65 | | 282.09 | | 440.74 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Justin R Buell | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 3249 Jackson St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City San Francisco | State CA | Zip Code 94118-2016 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2307H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.57 | | 33.04 | | 51.61 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Byers Mowing Service | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 5661 Fleur Dr | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50321-2841 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Lawn Care | | | Transaction ID: D2342H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 36.00 | | 64.00 | | 100.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Anna M Casteel | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2201 Thunder Ridge Blvd Apt 12B | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Cedar Falls | State IA | Zip Code 50613-1892 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2267H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 4.43 | | 7.88 | | 12.31 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 59.00 | | 104.92 | | 163.92 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Cerro Gordo County Democratic Central | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 943 6th St SE | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Mason City | State IA | Zip Code 50401-4261 | Date <input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Rent | | | Transaction ID: D2392H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 72.00 | | 128.00 | | 200.00 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Cerro Gordo County Democratic Central | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 943 6th St SE | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Mason City | State IA | Zip Code 50401-4261 | Date <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2285H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.15 | | 21.61 | | 33.76 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Steven M Chasse | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 814 12th Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Coralville | State IA | Zip Code 52241-1733 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2335H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 34.60 | | 61.52 | | 96.12 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 118.75 | | 211.13 | | 329.88 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Steven M Chasse | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 814 12th Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Coralville | State IA | Zip Code 52241-1733 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2475H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 124.99 | | 222.22 | | 347.21 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Jerodiah F Conley | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 253 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Council Bluffs | State IA | Zip Code 51502-0253 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2334H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 34.21 | | 60.83 | | 95.04 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Jerodiah F Conley | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 253 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Council Bluffs | State IA | Zip Code 51502-0253 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2439H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 98.36 | | 174.88 | | 273.24 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 257.56 | | 457.93 | | 715.49 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Roger J Crimmins | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 418 1st St SE | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Mason City | State IA | Zip Code 50401-3931 | Date M M / D D / Y Y Y Y 08 / 13 / 2004 | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Category/ Type | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2317H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 23.22 | | 41.28 | | 64.50 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Roger J Crimmins | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 418 1st St SE | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Mason City | State IA | Zip Code 50401-3931 | Date M M / D D / Y Y Y Y 08 / 31 / 2004 | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Category/ Type | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2374H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 54.76 | | 97.36 | | 152.12 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Deaf Action Center | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1501 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50306-1501 | Date M M / D D / Y Y Y Y 08 / 05 / 2004 | | |
| Purpose of Disbursement: Signing for State Convention | | | Category/ Type | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2637H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 216.00 | | 384.00 | | 600.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 293.98 | | 522.64 | | 816.62 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Matthew D Deferranti

Mailing Address
1406 46th St

City State Zip Code
Des Moines IA 50311-2429

Purpose of Disbursement:
Reimbursement/Office Supplies

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 31 / 2004

Transaction ID: D2635H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 214.38 | | 381.14 | | 595.52 |

B. Full Name (Last, First, Middle Initial)
Deluxe Business Form

Mailing Address
PO Box 742572

City State Zip Code
Cincinnati OH 45274-2572

Purpose of Disbursement:
Business Checks

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 10 / 2004

Transaction ID: D2273H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 5.94 | | 10.56 | | 16.50 |

C. Full Name (Last, First, Middle Initial)
Janelle M Domeyer

Mailing Address
1916 Parkwild Dr Apt 50

City State Zip Code
Council Bluffs IA 51503-1875

Purpose of Disbursement:
Reimbursement/Mileage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 13 / 2004

Transaction ID: D2315H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 22.45 | | 39.93 | | 62.38 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 242.77 | | 431.63 | | 674.40 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Domino's Pizza

Mailing Address
1326 Grand Ave

City State Zip Code
Des Moines IA 50309-2908

Purpose of Disbursement:
Food and Beverage

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 26 / 2004

Transaction ID: D2330H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 31.24 | | 55.55 | | 86.79 |

B. Full Name (Last, First, Middle Initial)
Domino's Pizza

Mailing Address
1326 Grand Ave

City State Zip Code
Des Moines IA 50309-2908

Purpose of Disbursement:
Food and Beverage

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 12 / 2004

Transaction ID: D2293H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 14.29 | | 25.41 | | 39.70 |

C. Full Name (Last, First, Middle Initial)
Domino's Pizza

Mailing Address
1326 Grand Ave

City State Zip Code
Des Moines IA 50309-2908

Purpose of Disbursement:
Food and Beverage

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
- Voter Drive Direct Candidate Support
- Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 19 / 2004

Transaction ID: D2308H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.59 | | 33.05 | | 51.64 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 64.12 | | 114.01 | | 178.13 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Domino's Pizza | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1326 Grand Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50309-2908 | Date M M / D D / Y Y Y Y 08 / 17 / 2004 | | |
| Purpose of Disbursement: Food and Beverage | | | Transaction ID: D2301H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.96 | | 31.94 | | 49.90 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Sarah J Donahue | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 100 N 4th St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Burlington | State IA | Zip Code 52601-5502 | Date M M / D D / Y Y Y Y 08 / 31 / 2004 | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2453H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 103.94 | | 184.79 | | 288.73 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Sarah J Donahue | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 100 N 4th St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Burlington | State IA | Zip Code 52601-5502 | Date M M / D D / Y Y Y Y 08 / 13 / 2004 | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2385H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 65.18 | | 115.90 | | 181.08 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 187.08 | | 332.63 | | 519.71 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) DSM Stamp | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1798 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50306-1798 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Rubber Stamps | | | Transaction ID: D2314H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 22.13 | | 39.35 | | 61.48 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) DSM Water Works | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2201 George Flagg Pkwy | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50321-1174 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Water & Sewer Service | | | Transaction ID: D2344H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 36.64 | | 65.16 | | 101.80 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) DSM Water Works | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 5661 Fleur Dr | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50321-2841 | Date <input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Water & Sewer Service | | | Transaction ID: D2339H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 35.18 | | 62.55 | | 97.73 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 93.95 | | 167.06 | | 261.01 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Feaster, Inc

Mailing Address

PO Box 281 PO Box 281

City State Zip Code
Grimes IA 50111-0281

Purpose of Disbursement:
Field Office Rent - 1408 Locust

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date MM / DD / YYYY
08 / 01 / 2004

Transaction ID: D2797H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 720.00 | | 1280.00 | | 2000.00 |

B. Full Name (Last, First, Middle Initial)
Feaster, Inc

Mailing Address

PO Box 281 PO Box 281

City State Zip Code
Grimes IA 50111-0281

Purpose of Disbursement:
Field Office Property Insurance - Locust

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date MM / DD / YYYY
08 / 01 / 2004

Transaction ID: D2395H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 76.32 | | 135.68 | | 212.00 |

C. Full Name (Last, First, Middle Initial)
Feaster, Inc

Mailing Address

PO Box 281 PO Box 281

City State Zip Code
Grimes IA 50111-0281

Purpose of Disbursement:
Field Office Utilities - 1408 Locust

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date MM / DD / YYYY
08 / 02 / 2004

Transaction ID: D2368H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 51.01 | | 90.70 | | 141.71 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 847.33 | | 1506.38 | | 2353.71 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Nicolas J Ferre | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 824 Whitman Ct | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Libertyville | State IL | Zip Code 60048-1667 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2299H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.37 | | 30.90 | | 48.27 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Nicolas J Ferre | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 824 Whitman Ct | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Libertyville | State IL | Zip Code 60048-1667 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2361H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 46.76 | | 83.13 | | 129.89 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Brad T Frevert | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2801 Woodland Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City West Des Moines | State IA | Zip Code 50266-2031 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2387H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 65.70 | | 116.82 | | 182.52 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 129.83 | | 230.85 | | 360.68 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Brad T Frevert | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2801 Woodland Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City West Des Moines | State IA | Zip Code 50266-2031 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2480H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 134.03 | | 238.30 | | 372.33 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Ezekiel L Furlong | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 705 Maynard Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Waterloo | State IA | Zip Code 50701-2121 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2275H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.66 | | 11.84 | | 18.50 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Ezekiel L Furlong | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 705 Maynard Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Waterloo | State IA | Zip Code 50701-2121 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2318H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 23.32 | | 41.48 | | 64.80 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 164.01 | | 291.62 | | 455.63 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| [Empty] | [Empty] | [Empty] |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
GB Holdings LLC

Mailing Address
1198 White St

City State Zip Code
Dubuque IA 52001-5036

Purpose of Disbursement:
Office Rent

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 24 / 2004

Transaction ID: D2503H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 144.00 | | 256.00 | | 400.00 |

B. Full Name (Last, First, Middle Initial)
GE Capital

Mailing Address
PO Box 740441

City State Zip Code
Atlanta GA 30374-0441

Purpose of Disbursement:
Copier Equipment Lease

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 02 / 2004

Transaction ID: D2643H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 221.19 | | 393.24 | | 614.43 |

C. Full Name (Last, First, Middle Initial)
GE Capital

Mailing Address
PO Box 740441

City State Zip Code
Atlanta GA 30374-0441

Purpose of Disbursement:
Copier Equipment Lease

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

407454.11

Date 08 / 15 / 2004

Transaction ID: D2647H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 232.62 | | 413.55 | | 646.17 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 597.81 | | 1062.79 | | 1660.60 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Adriann E Gerardi | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1440 Blairs Ferry Rd NE | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Cedar Rapids | State IA | Zip Code 52402-1228 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2316H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 22.60 | | 40.20 | | 62.80 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Adriann E Gerardi | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1440 Blairs Ferry Rd NE | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Cedar Rapids | State IA | Zip Code 52402-1228 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2363H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 49.53 | | 88.08 | | 137.61 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Carrie R Giddins | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 94 Toralemon St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Brooklyn | State NY | Zip Code 11201 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement | | | Transaction ID: D2690H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 289.70 | | 515.04 | | 804.74 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 361.83 | | 643.32 | | 1005.15 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Carrie R Giddins | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 94 Toralemon St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Brooklyn | State NY | Zip Code 11201 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Mileage | | | Transaction ID: D2411H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 81.01 | | 144.03 | | 225.04 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Ramsey J Green | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 W Broadway Ste 100 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Council Bluffs | State IA | Zip Code 51503-0819 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Transaction ID: D2463H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 286.18 | | 307.18 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Robert L Hamill | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 3407 Grand Ave Apt 122 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50312-4111 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Transaction ID: D2261H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | -13.00 | | 8.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 123.01 | | 417.21 | | 540.22 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Robert L Hamill | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 3407 Grand Ave Apt 122 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City Des Moines | State IA | Zip Code 50312-4111 | Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>3</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 1 | 3 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 1 | 3 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Category/ Type | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2313H4 | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 40.02 | | 61.02 |

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Rachel C Hardesty | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 630 N 6th St Apt 212 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City Burlington | State IA | Zip Code 52601-5053 | Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 3 | 1 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Category/ Type | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2525H4 | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 406.41 | | 427.41 |

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Rachel C Hardesty | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 630 N 6th St Apt 212 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City Burlington | State IA | Zip Code 52601-5053 | Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>3</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 1 | 3 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 1 | 3 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Category/ Type | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2546H4 | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 431.87 | | 452.87 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 63.00 | | 878.30 | | 941.30 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Rachel C Hardesty | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 630 N 6th St Apt 212 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Burlington | IA | 52601-5053 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 3 | 1 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2281H4 | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 6.30 | | 27.30 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Heather M Hargreaves | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 1408 Locust St | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Des Moines | IA | 50309-3014 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 3 | 1 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2375H4 | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 131.28 | | 152.28 |

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|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Jesse G Harris | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 975 Applewood Ln | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Waukee | IA | 50263-8267 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>3</td><td>1</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 3 | 1 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 3 | 1 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2397H4 | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 194.78 | | 215.78 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 63.00 | | 332.36 | | 395.36 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Jesse G Harris | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 975 Applewood Ln | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Waukee | State IA | Zip Code 50263-8267 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Transaction ID: D2432H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 230.64 | | 251.64 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Janet L Haselhoff | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 3843 8th Pl | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50313-3338 | Date <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Travel Reimbursement | | | Transaction ID: D2619H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 533.94 | | 554.94 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Megan E Heneke | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 712 E Market St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Iowa City | State IA | Zip Code 52245-2657 | Date <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Transaction ID: D2298H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 27.06 | | 48.06 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 63.00 | | 791.64 | | 854.64 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Megan E Heneke | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 712 E Market St | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Iowa City | IA | 52245-2657 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 3 | 1 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 3 | 1 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2329H4 | | | | | | | | | | | | | | | | | | | | | | |

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| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 65.63 | | 86.63 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Hotel Fort Des Moines | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1000 Walnut St | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Des Moines | IA | 50309-3424 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Food and Beverage | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 2 | 4 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 2 | 4 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2628H4 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 207.09 | | 368.16 | | 575.25 |

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|--|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Benjamin G Humphrey | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 705 Maynard Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Waterloo | IA | 50701-2121 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 3 | 1 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 3 | 1 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2323H4 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 53.52 | | 74.52 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 249.09 | | 487.31 | | 736.40 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | |
|---|-------------|------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) IA Telecom | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 108 W 3rd St S | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Newton | State IA | Zip Code 50208-3740 | Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2771H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 432.00 | | 768.00 | | 1200.00 |

| | | | | |
|---|-------------|------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) IA Telecom | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 926 Main St | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Grinnell | State IA | Zip Code 50112-2048 | Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2769H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 432.00 | | 768.00 | | 1200.00 |

| | | | | |
|--|-------------|------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) IPM Group | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 1408 Locust St | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Des Moines | State IA | Zip Code 50309-3014 | Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Parking | | | Transaction ID: D2451H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 103.68 | | 184.32 | | 288.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 967.68 | | 1720.32 | | 2688.00 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | |
|--|-------------|------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) IPM Group | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 1408 Locust St | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Des Moines | State IA | Zip Code 50309-3014 | Date M M / D D / Y Y Y Y 08 / 16 / 2004 Transaction ID: D2747H4 | |
| Purpose of Disbursement: Parking | | | | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 360.00 | | 640.00 | | 1000.00 |

| | | | | |
|---|-------------|-------------------|--|--|
| B. Full Name (Last, First, Middle Initial) Johnson County Democratic Central Comm | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 917 Bowery Street | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Iowa City | State IA | Zip Code 52240 | Date M M / D D / Y Y Y Y 08 / 01 / 2004 Transaction ID: D2585H4 | |
| Purpose of Disbursement: Rent | | | | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 180.00 | | 320.00 | | 500.00 |

| | | | | |
|---|-------------|------------------------|--|--|
| C. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Windsor Heights | State IA | Zip Code 50312-1065 | Date M M / D D / Y Y Y Y 08 / 02 / 2004 Transaction ID: D2405H4 | |
| Purpose of Disbursement: Reimbursement/Travel | | | | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 78.57 | | 139.70 | | 218.27 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 618.57 | | 1099.70 | | 1718.27 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date _____ 407454.11 _____ | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Windsor Heights | IA | 50312-1065 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>2</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 0 | 2 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 0 | 2 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2311H4 | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.60 | | 38.40 | | 60.00 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date _____ 407454.11 _____ | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Windsor Heights | IA | 50312-1065 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>3</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 1 | 3 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 1 | 3 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2433H4 | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 231.02 | | 252.02 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date _____ 407454.11 _____ | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Windsor Heights | IA | 50312-1065 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 2 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2420H4 | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.00 | | 201.39 | | 231.39 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 72.60 | | 470.81 | | 543.41 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| _____ | _____ | _____ |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Windsor Heights | IA | 50312-1065 | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 Transaction ID: D2455H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.00 | | 261.16 | | 291.16 |

| | | | | | |
|---|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Windsor Heights | IA | 50312-1065 | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 4 Transaction ID: D2346H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.00 | | 73.92 | | 103.92 |

| | | | | | |
|---|-------|------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Windsor Heights | IA | 50312-1065 | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4 Transaction ID: D2359H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 101.31 | | 122.31 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 81.00 | | 436.39 | | 517.39 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Windsor Heights | IA | 50312-1065 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 2 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2325H4 | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.00 | | 47.76 | | 77.76 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Windsor Heights | IA | 50312-1065 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 2 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2289H4 | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | 16.42 | | 37.42 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Joseph L Jones, II | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 900 65th St Apt 63 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | |
| Windsor Heights | IA | 50312-1065 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Reimbursement/Travel | | | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 2 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 2 | 4 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2271H4 | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.00 | | -5.68 | | 15.32 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 72.00 | | 58.50 | | 130.50 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

A. Full Name (Last, First, Middle Initial)
Joseph L Jones, II

Mailing Address
900 65th St Apt 63

| | | | |
|--|-------------|------------------------|-------------------|
| City Windsor Heights | State IA | Zip Code 50312-1065 | Category/ Type |
| Purpose of Disbursement: Reimbursement/Travel | | | |

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
407454.11

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 4 | / | 2 | 0 | 0 | 4 |

Transaction ID: D2269H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.00 | | -15.23 | | 14.77 |

B. Full Name (Last, First, Middle Initial)
Koch Brothers

Mailing Address
PO Box 1755

| | | | |
|--|-------------|------------------------|-------------------|
| City Des Moines | State IA | Zip Code 50306-1755 | Category/ Type |
| Purpose of Disbursement: Copy machine maintenance | | | |

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
407454.11

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 0 | 5 | / | 2 | 0 | 0 | 4 |

Transaction ID: D2425H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 85.86 | | 152.64 | | 238.50 |

C. Full Name (Last, First, Middle Initial)
Koch Brothers

Mailing Address
PO Box 1755

| | | | |
|--|-------------|------------------------|-------------------|
| City Des Moines | State IA | Zip Code 50306-1755 | Category/ Type |
| Purpose of Disbursement: Copy Machine Maintenance | | | |

Activity or Event Identifier:
Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
407454.11

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 0 | / | 2 | 0 | 0 | 4 |

Transaction ID: D2566H4

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 171.72 | | 305.28 | | 477.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 287.58 | | 442.69 | | 730.27 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) LaserQuipt | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 5500 NW Johnston Dr Ste C-D-E | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Johnston | State IA | Zip Code 50131-1382 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Printer repairs | | | Transaction ID: D2418H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 83.10 | | 147.75 | | 230.85 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Marshall County Democratic Central Com | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 205 North Center Street | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Marshalltown | State IA | Zip Code 50158 | Date <input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Rent & Telephones | | | Transaction ID: D2672H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 270.00 | | 480.00 | | 750.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Mediacom | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 6300 Council St NE | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Cedar Rapids | State IA | Zip Code 52402-5853 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Cable TV Service | | | Transaction ID: D2358H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.96 | | 78.16 | | 122.12 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 397.06 | | 705.91 | | 1102.97 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Mediacom | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 205 E Main St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Ottumwa | State IA | Zip Code 52501-2917 | Date <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: DSL Service | | | Transaction ID: D2381H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 64.76 | | 115.14 | | 179.90 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) MidAmerican - 1408 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 8020 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Davenport | State IA | Zip Code 52808-8020 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Utilities | | | Transaction ID: D2798H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 768.67 | | 1366.53 | | 2135.20 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Occasions Caterers | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 5458 3rd St NE | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Washington | State DC | Zip Code 20011-6316 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Food and Beverage | | | Transaction ID: D2437H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 97.81 | | 173.89 | | 271.70 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 931.24 | | 1655.56 | | 2586.80 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Office Max Credit Plan | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 9020 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/ Type | | |
| Des Moines | IA | 50368-9020 | | | |
| Purpose of Disbursement: Office Supplies | | | Date M M / D D / Y Y Y Y 08 / 03 / 2004 Transaction ID: D2657H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 247.45 | | 439.92 | | 687.37 |

| | | | | | |
|--|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Pitney Bowes CC | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 5661 Fleur Dr | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/ Type | | |
| Des Moines | IA | 50321-2841 | | | |
| Purpose of Disbursement: Mailing Equipment Lease | | | Date M M / D D / Y Y Y Y 08 / 03 / 2004 Transaction ID: D2713H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 317.49 | | 564.43 | | 881.92 |

| | | | | | |
|---|-------|------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Pitney Bowes | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 856390 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/ Type | | |
| Louisville | KY | 40285-6390 | | | |
| Purpose of Disbursement: Mailing Equipment | | | Date M M / D D / Y Y Y Y 08 / 30 / 2004 Transaction ID: D2309H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 19.05 | | 33.87 | | 52.92 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 583.99 | | 1038.22 | | 1622.21 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Pitney Bowes | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 856390 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Louisville | State KY | Zip Code 40285-6390 | Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Mailing Equipment Lease | | | Transaction ID: D2714H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|-------------------------------------|---|-------------------------------------|---|-------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="317.49"/> | | <input type="text" value="564.43"/> | | <input type="text" value="881.92"/> |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Polk County Conventi | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 501 Grand Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50309-2406 | Date <input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Food and Beverage | | | Transaction ID: D2794H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|-------------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="631.48"/> | | <input type="text" value="1122.64"/> | | <input type="text" value="1754.12"/> |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Polk County Conventi | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 501 Grand Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50309-2406 | Date <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Food and Beverage | | | Transaction ID: D2805H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="1185.58"/> | | <input type="text" value="2107.70"/> | | <input type="text" value="3293.28"/> |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|--------------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="2134.55"/> | | <input type="text" value="3794.77"/> | | <input type="text" value="5929.32"/> |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|----------------------|----------------------|----------------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Polk County Conventi | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 501 Grand Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50309-2406 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Food and Beverage | | | Transaction ID: D2808H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1440.00 | | 2560.00 | | 4000.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Qwest 319-235-3004 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2759H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 405.30 | | 720.54 | | 1125.84 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Qwest 319-337-9163 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1314 Douglas St FI 14 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Omaha | State NE | Zip Code 68102-1816 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2780H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 447.26 | | 795.14 | | 1242.40 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2292.56 | | 4075.68 | | 6368.24 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Qwest 319-337-9163 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1314 Douglas St FI 14 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Omaha | NE | 68102-1816 | | | |
| Purpose of Disbursement: Telephones | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 08 / 03 / 2004 Transaction ID: D2278H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7.92 | | 14.08 | | 22.00 |

| | | | | | |
|---|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Qwest 319-337-9163 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1314 Douglas St FI 14 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Omaha | NE | 68102-1816 | | | |
| Purpose of Disbursement: Telephones | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 08 / 03 / 2004 Transaction ID: D2303H4 | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.00 | | 32.00 | | 50.00 |

| | | | | | |
|---|-------|------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Qwest 319-363-5078 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Seattle | WA | 98111-9204 | | | |
| Purpose of Disbursement: Telephones | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 08 / 05 / 2004 Transaction ID: D2689H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 289.18 | | 514.12 | | 803.30 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 315.10 | | 560.20 | | 875.30 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Qwest 319-752-3065 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2355H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.65 | | 77.60 | | 121.25 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Qwest 319-752-3065 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2768H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 432.00 | | 768.00 | | 1200.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Qwest 515-233-3909 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2662H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 258.22 | | 459.07 | | 717.29 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 733.87 | | 1304.67 | | 2038.54 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Qwest 515-233-3909 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2277H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7.92 | | 14.08 | | 22.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Qwest 515-233-3909 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2302H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 18.00 | | 32.00 | | 50.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Qwest 515-244-7292 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 12480 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-4480 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2795H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 643.35 | | 1143.75 | | 1787.10 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 669.27 | | 1189.83 | | 1859.10 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Qwest 515-558-9580 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2731H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 331.41 | | 589.19 | | 920.60 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Qwest 563-322-1257 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2414H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 81.95 | | 145.71 | | 227.66 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Qwest 712-258-2473 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-9204 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2430H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 88.37 | | 157.12 | | 245.49 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 501.73 | | 892.02 | | 1393.75 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Qwest 712-388-1009 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 91104 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Seattle | WA | 98111-9204 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Telephones | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 0 | 5 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 0 | 5 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2789H4 | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 514.20 | | 914.15 | | 1428.35 |

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|---|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Qwest Business | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 856169 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Louisville | KY | 40285-6169 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Telephones | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 0 | 5 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 0 | 5 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2352H4 | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 42.35 | | 75.29 | | 117.64 |

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|--|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Qwest Political | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 205 E Main St | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Ottumwa | IA | 52501-2917 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Telephones | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 0 | 3 | / | 2 | 0 | 0 | 4 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 0 | 8 | / | 0 | 3 | / | 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2767H4 | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 432.00 | | 768.00 | | 1200.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 988.55 | | 1757.44 | | 2745.99 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Qwest Political | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 208 Pine St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Muscatine | State IA | Zip Code 52761-3707 | Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2770H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 432.00 | | 768.00 | | 1200.00 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Qwest Political | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 12 W Main St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Marshalltown | State IA | Zip Code 50158-4941 | Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2639H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 216.00 | | 384.00 | | 600.00 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Qwest Political | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 224 22nd Pl | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Clinton | State IA | Zip Code 52732-6105 | Date <input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2638H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 216.00 | | 384.00 | | 600.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 864.00 | | 1536.00 | | 2400.00 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Qwest Political | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 1314 Douglas St FI 14 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City Omaha | State NE | Zip Code 68102-1816 | Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>6</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 1 | 6 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 1 | 6 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2321H4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 25.92 | | 46.08 | | 72.00 |

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Qwest Political | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 1314 Douglas St FI 14 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City Omaha | State NE | Zip Code 68102-1816 | Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>6</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 1 | 6 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 1 | 6 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2322H4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 25.92 | | 46.08 | | 72.00 |

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Qwest Political | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 1314 Douglas St FI 14 | | | Allocated Activity or Event Year-To-Date 407454.11 | | | | | | | | | | | | | | | | | | |
| City Omaha | State NE | Zip Code 68102-1816 | Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>0</td><td>8</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>6</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> | | | M | M | 0 | 8 | D | D | 1 | 6 | Y | Y | Y | Y | 2 | 0 | 0 | 4 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 0 | 8 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 1 | 6 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 4 | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2354H4 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.56 | | 77.44 | | 121.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 95.40 | | 169.60 | | 265.00 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Qwest Political | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1314 Douglas St FI 14 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Omaha | State NE | Zip Code 68102-1816 | Date M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 4 | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2391H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 69.57 | | 123.68 | | 193.25 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Qwest0065 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 12480 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Seattle | State WA | Zip Code 98111-4480 | Date M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 | | |
| Purpose of Disbursement: DSL Service | | | Transaction ID: D2357H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.81 | | 77.89 | | 121.70 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Sandler, Reiff and Young | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 50 E St SE Ste 300 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Washington | State DC | Zip Code 20003-2620 | Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 4 | | |
| Purpose of Disbursement: Legal retainer | | | Transaction ID: D2504H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 144.00 | | 256.00 | | 400.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 257.38 | | 457.57 | | 714.95 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | |
|---|-------------|-------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Scott County Democratic Central Commit | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 3330 Tremont | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Davenport | State IA | Zip Code 52803 | Date <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Rent | | | Transaction ID: D2542H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 162.00 | | 288.00 | | 450.00 |

| | | | | |
|---|-------------|------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Service Master | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 5510 NE 17th St | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Des Moines | State IA | Zip Code 50313-1614 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Carpet Cleaning | | | Transaction ID: D2791H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 540.00 | | 960.00 | | 1500.00 |

| | | | | |
|---|-------------|------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Smith's Sewer Servic | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address PO Box 351 | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Johnston | State IA | Zip Code 50131-0351 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | |
| Purpose of Disbursement: Plumbing Repairs | | | Transaction ID: D2319H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 23.98 | | 42.64 | | 66.62 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 725.98 | | 1290.64 | | 2016.62 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|---|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Storey Kenworthy | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 309 Locust St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/ Type | | |
| Des Moines | IA | 50309-1723 | | | |
| Purpose of Disbursement: Office Supplies | | | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2757H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 401.51 | | 713.80 | | 1115.31 |

| | | | | | |
|---|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) James Tanzosch | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 926 Main St | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/ Type | | |
| Grinnell | IA | 50112-2048 | | | |
| Purpose of Disbursement: Rent | | | Date <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2004"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2460H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 108.00 | | 192.00 | | 300.00 |

| | | | | | |
|--|-------|------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) The Des Moines Embassy Club | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 801 Grand Ave Ste 4000 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/ Type | | |
| Des Moines | IA | 50309-8000 | | | |
| Purpose of Disbursement: FCentury Club Breakfast | | | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2803H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1080.00 | | 1920.00 | | 3000.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1589.51 | | 2825.80 | | 4415.31 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | |
|--|-------|------------|---|--|
| A. Full Name (Last, First, Middle Initial) The Des Moines Embassy Club | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 801 Grand Ave Ste 4000 | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City | State | Zip Code | Category/ Type | |
| Des Moines | IA | 50309-8000 | | |
| Purpose of Disbursement: Century Club Breakfast | | | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2640H4 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 218.45 | | 388.36 | | 606.81 |

| | | | | |
|---|-------|----------|---|--|
| B. Full Name (Last, First, Middle Initial) The Insurance Specialist | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 100 E Euclid Ave Ste 117 | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City | State | Zip Code | Category/ Type | |
| Des Moines | IA | 50313 | | |
| Purpose of Disbursement: Insurance Premium | | | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2294H4 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 14.39 | | 25.60 | | 39.99 |

| | | | | |
|--|-------|------------|---|--|
| C. Full Name (Last, First, Middle Initial) Tri-City Electric | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 10520 Hickman Rd | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City | State | Zip Code | Category/ Type | |
| Des Moines | IA | 50325-3712 | | |
| Purpose of Disbursement: Telephone rental | | | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D2796H4 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 708.05 | | 1258.78 | | 1966.83 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 940.89 | | 1672.74 | | 2613.63 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) U.S. Coffee | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 5140 Park Ave Ste J | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Des Moines | IA | 50321-1280 | | | |
| Purpose of Disbursement: Coffee and Water | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 Transaction ID: D2416H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 82.26 | | 146.24 | | 228.50 |

| | | | | | |
|--|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Uline | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2200 S Lakeside Dr | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Waukegan | IL | 60085-8361 | | | |
| Purpose of Disbursement: Shipping boxes | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 4 Transaction ID: D2345H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 37.39 | | 66.49 | | 103.88 |

| | | | | | |
|--|-------|------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) UPS | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 577 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City | State | Zip Code | Category/Type | | |
| Carol Stream | IL | 60132-0001 | | | |
| Purpose of Disbursement: Shipping Fees | | | | | |
| Activity or Event Identifier: Administrative | | | Date M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 4 Transaction ID: D2431H4 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 90.36 | | 160.66 | | 251.02 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 210.01 | | 373.39 | | 583.40 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) UPS | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 577 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Carol Stream | State IL | Zip Code 60132-0001 | Date MM / DD / YYYY 08 / 07 / 2004 | | |
| Purpose of Disbursement: Shipping Fees | | | Transaction ID: D2537H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 159.00 | | 282.69 | | 441.69 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) UPS | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 577 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Carol Stream | State IL | Zip Code 60132-0001 | Date MM / DD / YYYY 08 / 14 / 2004 | | |
| Purpose of Disbursement: Shipping Fees | | | Transaction ID: D2410H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 80.61 | | 143.32 | | 223.93 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) UPS | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 577 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Carol Stream | State IL | Zip Code 60132-0001 | Date MM / DD / YYYY 08 / 19 / 2004 | | |
| Purpose of Disbursement: Shipping Fees | | | Transaction ID: D2337H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 34.87 | | 62.01 | | 96.88 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 274.48 | | 488.02 | | 762.50 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) UPS | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 577 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Carol Stream | State IL | Zip Code 60132-0001 | Date <input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Shipping Fees | | | Transaction ID: D2403H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 78.34 | | 139.29 | | 217.63 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) USPS | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1165 2nd Ave | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Des Moines | State IA | Zip Code 50318-9704 | Date <input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Bulk Mail Permit Deposit | | | Transaction ID: D2587H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 180.00 | | 320.00 | | 500.00 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Verizon 507923725 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 790406 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Saint Louis | State MO | Zip Code 63179-0406 | Date <input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2348H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 37.89 | | 67.38 | | 105.27 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 296.23 | | 526.67 | | 822.90 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Verizon 507923725 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 790406 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Saint Louis | State MO | Zip Code 63179-0406 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2356H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 43.79 | | 77.85 | | 121.64 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Verizon 508022047 | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 790406 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Saint Louis | State MO | Zip Code 63179-0406 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Telephones | | | Transaction ID: D2779H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 442.95 | | 787.49 | | 1230.44 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Voxeo Corporation | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 100 E Pine St Ste 600 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City Orlando | State FL | Zip Code 32801-2761 | Date <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2004"/> | | |
| Purpose of Disbursement: Web Hosting Service | | | Transaction ID: D2586H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 180.00 | | 320.00 | | 500.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 666.74 | | 1185.34 | | 1852.08 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | |
|---|-------------|------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) Wapello County Democratic Central Comm | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 512 N Ferry St | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Ottumwa | State IA | Zip Code 52501-4107 | Date MM / DD / YYYY 08 / 02 / 2004 | |
| Purpose of Disbursement: Rent | | | Transaction ID: D2746H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 360.00 | | 640.00 | | 1000.00 |

| | | | | |
|--|-------------|------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Waste Connections | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address Des Moines District 3071 | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Los Angeles | State CA | Zip Code 90084-1433 | Date MM / DD / YYYY 08 / 15 / 2004 | |
| Purpose of Disbursement: Recycling Service | | | Transaction ID: D2286H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.39 | | 22.03 | | 34.42 |

| | | | | |
|--|-------------|------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Waste Connections | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address Des Moines District 3071 | | | Allocated Activity or Event Year-To-Date 407454.11 | |
| City Los Angeles | State CA | Zip Code 90084-1433 | Date MM / DD / YYYY 08 / 15 / 2004 | |
| Purpose of Disbursement: Recycling Service | | | Transaction ID: D2287H4 | |
| Activity or Event Identifier: Administrative | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.39 | | 22.03 | | 34.42 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 384.78 | | 684.06 | | 1068.84 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

| | | | | | |
|--|-------------------|--|---|--|--|
| A. Full Name (Last, First, Middle Initial) Waste Connections | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address Des Moines District 3071 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City State Zip Code Los Angeles CA 90084-1433 | Category/ Type | | Date M M / D D / Y Y Y Y 08 / 15 / 2004 | | |
| Purpose of Disbursement: Trash Service | | | Transaction ID: D2378H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 61.56 | | 109.46 | | 171.02 |

| | | | | | |
|--|-------------------|--|---|--|--|
| B. Full Name (Last, First, Middle Initial) Waste Connections | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address Des Moines District 3071 | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City State Zip Code Los Angeles CA 90084-1433 | Category/ Type | | Date M M / D D / Y Y Y Y 08 / 15 / 2004 | | |
| Purpose of Disbursement: Trash Service | | | Transaction ID: D2379H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 61.56 | | 109.46 | | 171.02 |

| | | | | | |
|---|-------------------|--|---|--|--|
| C. Full Name (Last, First, Middle Initial) Webster County Democratic Central Comm | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 3 Johnson Pl | | | Allocated Activity or Event Year-To-Date 407454.11 | | |
| City State Zip Code Fort Dodge IA 50501-4113 | Category/ Type | | Date M M / D D / Y Y Y Y 08 / 01 / 2004 | | |
| Purpose of Disbursement: Rent | | | Transaction ID: D2340H4 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 36.00 | | 64.00 | | 100.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 159.12 | | 282.92 | | 442.04 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| 26772.44 | | 50091.78 | | 76864.22 |

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SchedL171

NAME OF COMMITTEE (In Full)
IOWA DEMOCRATIC PARTY

NAME OF ACCOUNT
Levin Designations & Expenditures

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|--|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS | | |
| a. Itemized..... (Use Schedule L-A) | 0.00 | 0.00 |
| b. Unitemized..... | 0.00 | 100.00 |
| c. Total..... | 0.00 | 100.00 |
| 2. OTHER RECEIPTS..... | 0.00 | 0.00 |
| 3. TOTAL RECEIPTS..... (Add Lines 1c and 2) | 0.00 | 100.00 |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| a. Voter Registration..... | 0.00 | 0.00 |
| b. Voter ID..... | 0.00 | 0.00 |
| c. GOTV..... | 0.00 | 0.00 |
| d. Generic Campaign..... | 0.00 | 0.00 |
| e. Total..... | 0.00 | 0.00 |
| 5. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5) | 0.00 | 0.00 |
| 7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st) | 100.00 | 0.00 |
| 8. RECEIPTS..... (from Line 3) | 0.00 | 100.00 |
| 9. SUBTOTAL..... (Add Lines 7 and 8) | 100.00 | 100.00 |
| 10. DISBURSEMENTS..... (From Line 6) | 0.00 | 0.00 |
| 11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9) | | 100.00 |

Form/Schedule: **F3XA**

Transaction ID:

Receipts reported on Schedule A for Line 17, unless otherwise noted, are for the purchase of access to the Committee's voter file. The Committee believes that this price properly reflects the fair market value of the file, which represents the normal charge for such data in our state. All costs associated with the voter file are paid 100% out of the federal account and are therefore not allocable.