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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street) 3234 NEVADA ST

Check if different than previously reported. (ACC) ST CHARLES IN 50240-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00374306

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2) /
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
---------------	--------------	---------------

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2008 through 06 / 30 / 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Don Ruby

Signature of Treasurer [Signature] Date 07 / 15 / 2008

28039793997

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Report Covering the Period: From: ^M04 ^D01 ^Y2008 To: ^M06 ^D30 ^Y2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^Y 2008		752.24
(b) Cash on Hand at Beginning of Reporting Period.....	4,491.73	
(c) Total Receipts (from Line 19).....	10,750.00	14,575.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15,241.73	15,327.24
7. Total Disbursements (from Line 31).....	12,845.88	12,931.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2,395.85	2,395.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	,	,
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	,	,

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

For further information contact:

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

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

28039793998

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FOURTH DISTRICT DEMOCRATIC GENERAL COMMITTEE

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 04 / 01 / 2008 To: ^{M M / D D / Y Y Y Y} 06 / 30 / 2008

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures	1,830.88	1,916.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,830.88	1,916.39
22. Transfers to Affiliated/Other Party Committees.....	1,015.00	1,015.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10,000.00	10,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12,045.88	12,931.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))▶
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE <u>2</u> OF <u>2</u>
<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"/> 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)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HILLARY CLINTON FOR PRESIDENT		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2008
Mailing Address P.O. Box 101436		Amount of Each Receipt this Period , 200.00
City ALEXANDRIA	State VA	
Zip Code 22210		Aggregate Year-to-Date ▼ , 200.00
FEC ID number of contributing federal political committee. C 00 431569		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Aggregate Year-to-Date ▼
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) ▼		

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Aggregate Year-to-Date ▼
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) ▼		

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

28039794002

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 4

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

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. KOCH BROTHERS		Date of Disbursement
Mailing Address 325 GRAND AVE		04 / 11 / 2008
City DES MOINES	State IA	Zip Code 50309
Purpose of Disbursement CONVENTION SUPPLIES	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	, 260.87
State: _____ District: _____	Category/Type	

B. POSTMASTER		Date of Disbursement
Mailing Address 2ND & UNIVERSITY		04 / 20 / 2008
City DES MOINES	State IA	Zip Code 50314
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	, 4.95
State: _____ District: _____	Category/Type	

C. POSTMASTER		Date of Disbursement
Mailing Address 2ND & UNIVERSITY		04 / 21 / 2008
City DES MOINES	State IA	Zip Code 50314
Purpose of Disbursement POSTAGE	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	, 19.80
State: _____ District: _____	Category/Type	

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

, 285.62

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

, ,

28039794003

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 11a <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)
FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. NORRIS JACKIE		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 2805 38TH ST		Amount of Each Receipt this Period , , 10.00
City DES MOINES	State Zip Code IA 50310	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 10.00
Name of Employer OBAMA FOR PRESIDENT	Occupation STATE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 100.00	

Full Name (Last, First, Middle Initial) B. NORRIS JACKIE		Date of Receipt MM / DD / YYYY 05 / 24 / 2008
Mailing Address 2805 38TH ST.		Amount of Each Receipt this Period , , 100.00
City DES MOINES	State Zip Code IA 50310	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 200.00
Name of Employer OBAMA FOR PRESIDENT	Occupation STATE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 200.00	

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

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

28039794004

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 2
(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 type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

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

Mailing Address
P.O. Box 608

City **PERRY** State **IA** Zip Code **50220**

Date of Receipt
M M / D D / Y Y Y Y
05 24 2008

FEC ID number of contributing federal political committee.
C00446872

Amount of Each Receipt this Period
, 125.00

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **TABLE SPACE**

Aggregate Year-to-Date
, 125.00

B. Full Name (Last, First, Middle Initial)
WALT MEYER FOR CONGRESS

Mailing Address
P.O. Box 80

City **SI. ANSGAR** State **IA** Zip Code **50472**

Date of Receipt
M M / D D / Y Y Y Y
05 24 2008

FEC ID number of contributing federal political committee.
C00443325

Amount of Each Receipt this Period
, 175.00

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **TABLE SPACE**

Aggregate Year-to-Date
, 175.00

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

Mailing Address
201A 380TH ST

City **STANHOPE** State **IA** Zip Code **50246**

Date of Receipt
M M / D D / Y Y Y Y
05 24 2008

FEC ID number of contributing federal political committee.
C00448928

Amount of Each Receipt this Period
, 175.00

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **TABLE & AD**

Aggregate Year-to-Date
, .

SUBTOTAL of Receipts This Page (optional)..... **, 475.00**

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

28039794005

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 4
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address **Koch Brothers**
325 GRAND AVE

City **DES MOINES** State **IA** Zip Code **50309**

Purpose of Disbursement **CONVENTION SUPPLIES**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y
04 / 30 / 2008

Amount of Each Disbursement this Period
, 168.26

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address **FAMILY RESTAURANT**
Hwy 3 & Hwy 71

City **POCAHONTAS** State **IA** Zip Code **50574**

Purpose of Disbursement **REFRESHMENTS**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y
05 / 10 / 2008

Amount of Each Disbursement this Period
, 57.78

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address **Boone County Fair**
1235 INDUSTRIAL PARK BLVD

City **BOONE** State **IA** Zip Code **50036**

Purpose of Disbursement **RENT FOR CONVENTION**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y
05 / 09 / 2008

Amount of Each Disbursement this Period
, 275.00

SUBTOTAL of Disbursements This Page (optional)..... **501.04**

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

28039794006

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 4

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

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. <u>BONE COUNTY FAIR</u>		Date of Disbursement
Mailing Address <u>1235 INDUSTRIAL PARK ROAD</u>		<u>04</u> / <u>19</u> / <u>2008</u>
City <u>BONE</u>	State <u>IA</u>	Zip Code <u>50036</u>
Purpose of Disbursement <u>RENT DEPOSIT</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>200.00</u>
State: _____ District: _____	Category/Type	

B. <u>PERCY GREENWALD</u>		Date of Disbursement
Mailing Address <u>14267 F AVENUE</u>		<u>05</u> / <u>10</u> / <u>2008</u>
City <u>PERCY</u>	State <u>IA</u>	Zip Code <u>50220</u>
Purpose of Disbursement <u>POSTAGE</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>19.92</u>
State: _____ District: _____	Category/Type	

C. <u>SANDI TOMER</u>		Date of Disbursement
Mailing Address <u>1539 MEADOWLANE AVE</u>		<u>05</u> / <u>09</u> / <u>2008</u>
City <u>AMES</u>	State <u>IA</u>	Zip Code <u>50014</u>
Purpose of Disbursement <u>CONVENTION SUPPLIES</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>42.18</u>
State: _____ District: _____	Category/Type	

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

262.10

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

28039794007

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

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

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

A. Full Name (Last, First, Middle Initial) CARTER PRINTING		Date of Disbursement MM' DD' YYYY 06' 03' 2008
Mailing Address 1731 E GRAND AVE		Amount of Each Disbursement this Period , 703.64
City DES MOINES	State IA	
Zip Code 50317		
Purpose of Disbursement PRINTING		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) PEOPLES BANK		Date of Disbursement MM' DD' YYYY 05' 07' 2008
Mailing Address 400 E. IOWA		Amount of Each Disbursement this Period , 78.48
City INDIANOLA	State IA	
Zip Code 50125		
Purpose of Disbursement RETURNED CHECK FEES		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)		Date of Disbursement MM' DD' YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	, 782.12
TOTAL This Period (last page this line number only).....▶	, 1,830.88

28039794008

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 5	
	<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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

A. POCAHONTAS COUNTY DEMOCRATS

Full Name (Last, First, Middle Initial)

Mailing Address: **SDI E SECTION LINE RD**

City: **LAURENS** State: **IA** Zip Code: **50554**

Purpose of Disbursement: **DELEGATE FEE REIMBURSEMENT**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **05 09 2008**

Amount of Each Disbursement this Period: **30.00**

B. CALHOUN COUNTY DEMOCRATS

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 292**

City: **LOWVILLE, IA** State: **IA** Zip Code: **51453**

Purpose of Disbursement: **DELEGATE FEE REIMBURSEMENT**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **05 09 2008**

Amount of Each Disbursement this Period: **40.00**

C. WEBSTER COUNTY DEMOCRATS

Full Name (Last, First, Middle Initial)

Mailing Address: **3 JOHNSON PLACE**

City: **FORT DOUGLASS** State: **IA** Zip Code: **50501**

Purpose of Disbursement: **DELEGATE FEE REIMBURSEMENT**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **05 09 2008**

Amount of Each Disbursement this Period: **160.00**

SUBTOTAL of Disbursements This Page (optional)..... **230.00**

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

28039794009

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 5

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

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NAME OF COMMITTEE (In Full)

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. <u>Boone County Democrats</u>		Date of Disbursement
Mailing Address <u>179 NATURE ROAD</u>		<u>05</u> / <u>09</u> / <u>2008</u>
City <u>Boone</u>	State <u>IA</u>	Zip Code <u>50036</u>
Purpose of Disbursement <u>DELEGATE FEE REIMBURSEMENT</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>120.00</u>
State: _____	District: _____	

B. <u>Madison County Democrats</u>		Date of Disbursement
Mailing Address <u>2478 BEWINGTON HAY ROAD</u>		<u>05</u> / <u>09</u> / <u>2008</u>
City <u>St Gallus</u>	State <u>IA</u>	Zip Code <u>50240</u>
Purpose of Disbursement <u>DELEGATE FEE REIMBURSEMENT</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>60.00</u>
State: _____	District: _____	

C. <u>Warrren County Democrats</u>		Date of Disbursement
Mailing Address <u>P.O. Box 477</u>		<u>05</u> / <u>09</u> / <u>2008</u>
City <u>INDIANOLA</u>	State <u>IA</u>	Zip Code <u>50125</u>
Purpose of Disbursement <u>DELEGATE FEE REIMBURSEMENT</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>190.00</u>
State: _____	District: _____	

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

370.00

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

28039794010

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

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

A. Full Name (Last, First, Middle Initial)
MITCHELL COUNTY DEMOCRATS

Mailing Address
1291 400TH ST.

City
OSAGE State
IA Zip Code
50461

Purpose of Disbursement
DELEGATE FEE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M ' D D ' Y Y Y Y
05 09 2008

Amount of Each Disbursement this Period
50.00

B. Full Name (Last, First, Middle Initial)
WINNEBAGO COUNTY DEMOCRATS

Mailing Address
506 4TH ST. NW

City
BUFFALO CENTER State
IA Zip Code
50424

Purpose of Disbursement
DELEGATE FEE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M ' D D ' Y Y Y Y
05 09 2008

Amount of Each Disbursement this Period
45.00

C. Full Name (Last, First, Middle Initial)
WINNEBAGO COUNTY DEMOCRATS

Mailing Address
1387 COON CREEK RD.

City
DECORAH State
IA Zip Code
52101

Purpose of Disbursement
DELEGATE FEE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
M M ' D D ' Y Y Y Y
05 09 2008

Amount of Each Disbursement this Period
85.00

SUBTOTAL of Disbursements This Page (optional)..... **180.00**

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

28039794011

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

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

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

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

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

C. HARDIN COUNTY DEMOCRATS		Date of Disbursement
Mailing Address 11140 MARSHURT DR		05 09 2008
City IOWA FALLS	State IA	Zip Code 50601
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 70.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

28039794012

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 5

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

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

Full Name (Last, First, Middle Initial) HOWARD COUNTY DEMOCRATS		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2008
Mailing Address 2166B BOTH ST.		Amount of Each Disbursement this Period , , 4500
City CRESO	State IA	
Zip Code 52136		
Purpose of Disbursement DELEGATE FEE REIMBURSEMENT		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		
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).....▶	, , 85.00
TOTAL This Period (last page this line number only).....▶	, , 1,015.00

28039794013

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

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

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

Full Name (Last, First, Middle Initial) A. BECKY GREENWALD FOR CONGRESS		Date of Disbursement MM' DD' YYYY 06' 03' 2008	
Mailing Address P.O. Box 608		Amount of Each Disbursement this Period \$,000.00	
City PERRY	State IA		Zip Code 50220
Purpose of Disbursement DONATION			Category/ Type
Candidate Name BECKY GREENWALD			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA	District: 04		

Full Name (Last, First, Middle Initial) B. BECKY GREENWALD FOR CONGRESS		Date of Disbursement MM' DD' YYYY 06' 23' 2008	
Mailing Address P.O. Box 608		Amount of Each Disbursement this Period \$,000.00	
City PERRY	State IA		Zip Code 50220
Purpose of Disbursement DONATION			Category/ Type
Candidate Name BECKY GREENWALD			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA	District: 04		

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

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	10,000.00

28039794014

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
7/15/07

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 
PREPARER **DATE PREPARED**

28039794015