

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1 / 11  
07/14/2000 21 : 32

<b>1. NAME OF COMMITTEE (in full)</b> <b>Iowans for Huston</b>		<b>2. FEC IDENTIFICATION NUMBER</b> C00353599
<b>ADDRESS (number and street)</b> PO Box 41387	<input type="checkbox"/> Check if different than previously reported	
<b>CITY, STATE, and ZIP CODE</b> Des Moines IA 50311	<b>STATE / DISTRICT</b> IA / 4	<b>3. IS THIS REPORT AN AMENDMENT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Twelfth day report preceding \_\_\_\_\_ (election type) election on \_\_\_\_\_ in the State of \_\_\_\_\_.
- Thirtieth day report following the General Election
- Termination report on \_\_\_\_\_ in the State of \_\_\_\_\_.

This report contains activity for  Primary election  General election  Runoff election  Special election

## SUMMARY

5. Covering period <u>05/16/2000</u> through <u>08/30/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<b>6. Net contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from line 11(a)) .....	36456.00	60112.50
(b) Total Contribution Refunds (from line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) .....	36456.00	60112.50
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from line 17) .....	15159.19	34525.69
(b) Total Offsets to Operating Expenditures (from line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) .....	15159.19	34525.69
8. Cash on Hand at Close of Reporting Period (from line 27) .....	26288.15	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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) .....	0.00	

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

**Electronically Filed by Mary Maloney**

Signature of Treasurer

Date

07/14/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**FEC FORM 3**  
(revised 4/87)

**DETAILED SUMMARY PAGE**  
**of Receipts and Disbursements**  
**(Page 2, FEG Form 3)**

Name of Committee (In Full) Iowans for Huston	Report Covering the Period From: 05/18/2000 To: 06/30/2000	
<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-To-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees .....		
(i) Itemized (use Schedule A) .....	17000.00	
(ii) Unitemized .....	4706.00	
(iii) Total of contributions from individuals .....	21706.00	45135.00
(b) Political Party Committees .....	250.00	477.50
(c) Other Political Committees (such as PACs) .....	14500.00	14500.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	36456.00	60112.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate .....	0.00	0.00
(b) All Other Loans .....	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) .....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) .....	36456.00	60112.50
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES .....	15159.19	34525.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate .....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) .....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) .....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) .....	15159.19	34525.69
<b>III. CASH SUMMARY</b>		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....		4991.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) .....		36456.00
25. SUBTOTAL (add Line 23 and Line 24) .....		41447.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....		15159.19
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		26288.15

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 11
				FOR LINE NUMBER	<b>11A1</b>
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Iowans for Huston</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph Henry  1846 Evergreen Avenue  Des Moines IA 50320	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 05/18/2000	<b>Amount of Each Receipt this Period</b> 105.00	In-Kind video clips to be reimbursed  <b>[MEMO ITEM]</b>	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Consultant	<b>Aggregate Year-to-Date</b> > \$ -332.12			
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Huston  510 43rd Street  Des Moines IA 50312	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 05/23/2000	<b>Amount of Each Receipt this Period</b> 509.33	In-Kind DC travel expenses to be reimbursed  <b>[MEMO ITEM]</b>	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 0.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph Henry  1846 Evergreen Avenue  Des Moines IA 50320	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 05/31/2000	<b>Amount of Each Receipt this Period</b> 500.00		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Consultant	<b>Aggregate Year-to-Date</b> > \$ 167.88			
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph Henry  1846 Evergreen Avenue  Des Moines IA 50320	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 05/31/2000	<b>Amount of Each Receipt this Period</b> 47.02	In-Kind copies and postage to be reimbursed  <b>[MEMO ITEM]</b>	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Consultant	<b>Aggregate Year-to-Date</b> > \$ 214.90			
<b>Full Name, Mailing Address, and ZIP Code</b> G. David Hurd  3930 Grand, #406  Des Moines IA 50312	<b>Name of Employer</b> State of Iowa	<b>Date (month, day, year)</b> 06/05/2000	<b>Amount of Each Receipt this Period</b> 1000.00		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Retired	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Janet Galloway Huston  510 43rd Street  Des Moines IA 50312	<b>Name of Employer</b> State of Iowa	<b>Date (month, day, year)</b> 06/05/2000	<b>Amount of Each Receipt this Period</b> 1000.00		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Huston  510 43rd Street  Des Moines IA 50312	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 06/05/2000	<b>Amount of Each Receipt this Period</b> 900.00		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Attorney	<b>Aggregate Year-to-Date</b> > \$ 900.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 11
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Iowans for Huston**

<b>Full Name, Mailing Address, and ZIP Code</b> Michael Huston  510 43rd Street  Des Moines IA 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period  1000.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Thelma Huston  4523 Grand  Des Moines IA 50312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period  1000.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Harry Bookay  400 Locust Street, Suite 600  Des Moines IA 50309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer B & H Equities, Inc.	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period  1000.00
	Occupation President		
	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Arthur Hedberg  1716 E. 31st Court  Des Moines IA 50317 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period  250.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rosanne O'Hara  516 43rd Street  Des Moines IA 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period  500.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> G. David Hurd  3930 Grand #408  Des Moines IA 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 06/13/2000	Amount of Each Receipt this Period  1000.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 2000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph Henry  1846 Evergreen Avenue  Des Moines IA 50320 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 06/15/2000	Amount of Each Receipt this Period  285.10 In-Kind supplies and telephone to be reimbursed  <b>[MEMO ITEM]</b>
	Occupation Consultant		
	Aggregate Year-to-Date > \$ 500.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 11</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
Iowans for Huston

<b>Full Name, Mailing Address, and ZIP Code</b> Daniel Huser  213 7th Street, NW  Altoona IA 50009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Casey's General Stores	Date (month, day, year) 06/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Systems Analyst	Aggregate Year-to-Date > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Geri Huser  213 7th Street NW  Altoona IA 50009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Iowa	Date (month, day, year) 06/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Legislator	Aggregate Year-to-Date > \$ 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Alden Skinner  800 12th Avenue, NW  Altoona IA 50009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Asst. Superintendent	Date (month, day, year) 06/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Southeast Polk School District	Aggregate Year-to-Date > \$ 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Donna Skinner  104 10th Street, SE  Altoona IA 50009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 06/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Kyle Skinner  800 12th Avenue, NW  Altoona IA 50009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Skinner Appraisal Services	Date (month, day, year) 06/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Appraiser	Aggregate Year-to-Date > \$ 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Lois Skinner  PO Box 367  Altoona IA 50009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Skinner Law Office	Date (month, day, year) 06/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Office Manager	Aggregate Year-to-Date > \$ 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> R. Bradley Skinner  102 10th Street, SE  Altoona IA 50009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Skinner Law Office	Date (month, day, year) 06/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 2000.00	

**SUBTOTALS** of Receipts This Page (Optional) .....

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER  
**11A1**

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**NAME OF COMMITTEE (In Full)**  
**Iowans for Huston**

<b>Full Name, Mailing Address, and ZIP Code</b> Julie Skinner-Stewart  211 5th Street NW  Altoona IA 50009	Name of Employer Praire Meadows	Date (month, day, year) 06/17/2000	Amount of Each Receipt this Period 1000.00
	Occupation Marketing Director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Christopher Huston  96C lone Drive  South Elgin IL 60177	Name of Employer Merck, Inc.	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 500.00
	Occupation Representative		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Ben Cohen  191 Bank Street 3rd Floor  Burlington VT 05401	Name of Employer Ben & Jerry's	Date (month, day, year) 06/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation Co-Owner		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Rick Olson  2835 Hubbel Avenue  Des Moines IA 50317	Name of Employer Self	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

**17000.00**

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>7 / 11</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11B</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Iowans for Huston</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Dallas County Democrats  6200 EP True Parkway, #505  West Des Moines IA 50266  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer   Occupation	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 150.00	
Aggregate Year-to-Date > 5    150.00				
<b>Full Name, Mailing Address, and ZIP Code</b> Democratic Central Committee  PO Box  Winterset IA 50273  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer   Occupation	Date (month, day, year) 06/24/2000	Amount of Each Receipt this Period 100.00	
Aggregate Year-to-Date > 8    100.00				
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>250.00</b>

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>8 / 11</b>
			FOR LINE NUMBER <b>11C</b>

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**NAME OF COMMITTEE (In Full)**  
**Iowans for Huston**

<b>Full Name, Mailing Address, and ZIP Code</b> International Brotherhood of Electrical Workers Committee on Political Education 1125 15th Street, NW Washington DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 06/06/2000	Amount of Each Receipt this Period 2000.00
	Occupation		
	Aggregate Year-to-Date > \$ 2000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> United Association Political Education Committee 901 Massachusetts Avenue, NW Washington DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 06/13/2000	Amount of Each Receipt this Period 2500.00
	Occupation		
	Aggregate Year-to-Date > \$ 2500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Carpenters Legislative Improvement Comm, United Brotherhood of Carpenters & Joiners of A 101 Constitution Avenue, NW Washington DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
	Aggregate Year-to-Date > \$ 5000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM) 8000 East Jefferson Avenue Detroit MI 48214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
	Aggregate Year-to-Date > \$ 5000.00		

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>14500.00</b>



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
17

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**NAME OF COMMITTEE (In Full)**  
**Iowans for Huston**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carter Printing 1739 East Grand Avenue Des Moines IA 50316	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/19/2000	1734.60
Direct Marketing Associates Inc. 628 East Grand Avenue Des Moines IA 50309	Mailing services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/19/2000	179.66
Roberts Advertising Service 8945 J Street, Suite 3 Omaha NE 68127	Bumper Stickers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/19/2000	386.28
U S Postal Service 1165 2nd Avenue Des Moines IA 50318	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/25/2000	100.00
Litho Craft 2803 50th St Des Moines IA 50315	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/26/2000	990.00
U S Postal Service 1165 2nd Avenue Des Moines IA 50318	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/26/2000	400.00
Alice Fuk Wisner AF Wisner Campaign Services 4401 Dakota Drive West Des Moines IA 50265	FEC Report Preparation Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	05/31/2000	200.00
Joseph Henry 1846 Evergreen Avenue Des Moines IA 50320	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/05/2000	2317.35
Joseph Henry 1846 Evergreen Avenue Des Moines IA 50320	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/09/2000	2317.35

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
17

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**NAME OF COMMITTEE (In Full)**  
**Iowans for Huston**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Litho Craft 2803 800 St Des Moines IA 50315	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/09/2000	1108.80
Carter Printing 1739 East Grand Avenue Des Moines IA 50316	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/15/2000	942.90
Davitt Photo Alliance PO Box 1132 118 Hayward, Suite 5 Ames IA 50311	Photo Shoot Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/15/2000	530.00
Direct Marketing Associates Inc. 628 East Grand Avenue Des Moines IA 50309	Mailing services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/16/2000	512.39
Joseph Henry 1846 Evergreen Avenue Des Moines IA 50320	Consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/16/2000	2317.35
Iowa Democratic Party 5661 Fleur Drive Des Moines IA 50321	Coordinated Campaign Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/16/2000	200.00
Roberts Advertising Service 8945 J Street, Suite 3 Omaha NE 68127	Lapel Stickers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/16/2000	239.75
U S Postal Service 1185 2nd Avenue Des Moines IA 50318	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/16/2000	33.00
Direct Marketing Associates Inc. 628 East Grand Avenue Des Moines IA 50309	Mailing services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	06/28/2000	175.00

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

