

Latham

CONGRESS

RECEIVED
FEC MAIL ROOM
2000 DEC 10 A 10:54J

December 7, 2000

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Attn: Stephen M. Kronfeld
Reports Analyst
Reports Analysis Division

Re: **Latham for Congress Committee**
Identification No. C00287045

Dear Mr. Kronfeld,

Enclosed please find the following reports:

1. Amended quarterly report for the period ending 9/30/00 (FEC Form 3 and Schedule B for Line 21)
2. Amended pre-general election report (FEC Form 3 and Schedule B for Line 21)
3. Post-general election Report

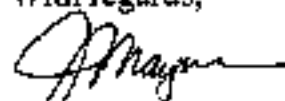
We amend the quarterly report because the expenditure shown on the enclosed Schedule B for Line 21 was incorrectly shown on the original report as a Line 17 operating expense. It should have been shown as a Line 21 disbursement.

We amend the pre-general election report because the original report did not include the disbursement shown on the enclosed Schedule B for Line 21, a \$20,000 contribution by this committee to the Legislative Majority Fund. This disbursement did not appear on the original report because it was miscoded when entered into our accounting software so that the disbursement did not appear as such on the computer-generated pre-general report. Because the report was due mid-month, we had no bank

statement against which to reconcile the pre-general report, and the error was not otherwise apparent to us until we sought to reconcile the post-general report against our bank statement.

As always, I am at the Commission's disposal to answer any questions you may have concerning these reports.

With regards,



John D. Mayne
Treasurer,
Latham for Congress Committee

JDM:jm
Enclosures:

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

1. NAME OF COMMITTEE (In full)

2000 DEC 10 A 10:54

Latham for Congress		2. FEC IDENTIFICATION NUMBER C00287045
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO Box 174		
CITY, STATE and ZIP CODE Sioux City, IA 511020174	STATE/DISTRICT IA 5	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input checked="" type="checkbox"/> Thirtieth day report following the General Election on 11/07/2000 in the State of IA
<input type="checkbox"/> January 31 Year End Report	<input type="checkbox"/> Termination Report
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$50941.15	\$249820.51
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line B(b) from 6(a))	\$50941.15	\$249820.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$11959.39	\$200040.86
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$11959.39	\$200040.86
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$148341.72	
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	

For further information:
Federal Election Commission
900 E Street, NW
Washington, DC 20543
Toll Free 800-424-9530
Local 202-219-3420

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 John D Mayne	
Signature of Treasurer 	Date 12/7/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to 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, FEC FORM 3)

Name of Committee (In full) Latham for Congress	Report Covering the Period: From: 10/19/2000 To: 11/27/2000	
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)	\$5700.00	
(ii) Unitemized	\$4595.00	
(iii) Total of contributions from individual	\$10295.00	\$84285.66
(b) Political Party Committees	\$646.15	\$3077.55
(c) Other Political Committees (such as PACs)	\$40000.00	\$152456.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(i)(ii), (b), (c) and (d))	\$50941.15	\$249820.51
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.)	\$485.70	\$3352.40
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$51426.85	\$255172.91
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$11959.38	\$200040.66
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	\$25000.00	\$70000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$36959.38	\$270040.66
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$133874.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$51426.85
25. SUBTOTAL (add Line 23 and Line 24)		\$185301.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$36959.38
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$148341.72

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed primary page

Any information copied from such Reports and Statements may not be valid for use 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)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Jack & Rosalyn Bristow 330 Maplewood Pl Sioux City, IA 51104-	Name of Employer retired Occupation Physician	Date (month, day, year) 11/02/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$225.00		
B. Full Name, Mailing Address and Zip Code Dr Paul & Judith Burke 2515 W Solway Sioux City, IA 51104-	Name of Employer Occupation Physician	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$1200.00		
C. Full Name, Mailing Address and Zip Code Robert Latham 356 Park Ter SE Cedar Rapids, IA 52403-	Name of Employer Latham & Associates Occupation Economist	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$1000.00		
D. Full Name, Mailing Address and Zip Code Warren & Barbara Smith 1610 Club View Drive Hampton, IA 50441-	Name of Employer Faraway Stores, Inc. Occupation Manager	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$300.00		
E. Full Name, Mailing Address and Zip Code George, Sr & Carolyn Spellman 3849 Jones St Sioux City, IA 51104-	Name of Employer retired Occupation Physician	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$300.00		
F. Full Name, Mailing Address and Zip Code David & Jean Stanley 115 Sunset Drive Wausaukee, IA 52761-	Name of Employer IOWANS for Tax Relief Occupation .	Date (month, day, year) 11/09/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$500.00		
G. Full Name, Mailing Address and Zip Code John & Ruth Vander Haag 408 Sunrise Ave Box 550 Sanborn, IA 51248-0550	Name of Employer Vander Haag's Salvage Occupation Owner	Date (month, day, year) 10/20/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$600.00		

SUBTOTAL of Receipts This Page (optional)	\$2700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 contributor.

NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan Wells 33300 C-38 Le Mars, IA 51031- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year-to-Date -> \$500.00	10/27/200	\$500.00
Fay Robert Wells Crowland Acres Rural Route 1, Box 136 Le Mars, IA 51031- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Wells Dairy Inc. Occupation CEO Aggregate Year-to-Date -> \$500.00	10/27/200	\$500.00
Fred D. Wells 11 Red Fox Run Sioux City, IA 51104- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Wells Dairy Inc. Occupation President Aggregate Year-to-Date -> \$500.00	10/27/200	\$500.00
Gary M. Wells 629 Central Avenue, S.W. Le Mars, IA 51031- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Wells Dairy Inc. Occupation Executive Aggregate Year-to-Date -> \$500.00	10/27/200	\$500.00
Gregory Wells 11 16th Street SE Le Mars, IA 51031- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Wells Dairy Inc. Occupation Aggregate Year-to-Date -> \$500.00	10/27/200	\$500.00
Mike and Cheryl Wells 366 16th Street, S.E. Le Mars, IA 51031- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Wells Dairy Inc. Occupation Aggregate Year-to-Date -> \$500.00	10/27/200	\$500.00
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$3000.00
TOTAL This Period (last page this line number only)	\$5700.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Alicia Anspaugh 7612 Douglas Ave #3 Orbandale, IA 50322-	Name of Employer Occupation	Date (month, day, year) 11/08/200	Amount of Each Receipt this Period \$5.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5.00		
B. Full Name, Mailing Address and Zip Code Jeff Anspaugh 7612 Douglas Ave #3 Orbandale, IA 50322-	Name of Employer Occupation	Date (month, day, year) 11/08/200	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$10.00		
C. Full Name, Mailing Address and Zip Code Lawrence & Helen Bice 2093 N Ave Ogden, IA 50212-	Name of Employer Self-Employed Occupation Farmer	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$50.00		
D. Full Name, Mailing Address and Zip Code Judy Botos 1100 S. Elm Jefferson, IA 50129-	Name of Employer Mc Farland Clinic Occupation Nurse/Case Mgr	Date (month, day, year) 11/21/200	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$100.00		
E. Full Name, Mailing Address and Zip Code Barbara Campbell Determan 2303 295th St Early, IA 50535-	Name of Employer Heartland Communications Occupation President	Date (month, day, year) 11/02/200	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$100.00		
F. Full Name, Mailing Address and Zip Code Karen Carlson 1227 Newberry Ave Jefferson, IA 50129-	Name of Employer Greene County Medical Center Occupation Nurse/Case Mgr	Date (month, day, year) 11/08/200	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$25.00		
G. Full Name, Mailing Address and Zip Code Dr. Thomas Carroll 6 Deer Haven Dr. Sioux City, IA 51104-	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		

SUBTOTAL of Receipts This Page (optional)	\$490.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Ralph & Bernadine Christensen 1319 Maple St Onawa, IA 51040- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$100.00
	Occupation Farmer	Aggregate Year-to-Date -> \$100.00	
B. Full Name, Mailing Address and Zip Code Reg & Mary Clause 612 South Vine Jefferson, IA 50129- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$100.00
	Occupation Cattlemen	Aggregate Year-to-Date -> \$100.00	
C. Full Name, Mailing Address and Zip Code Lynn Curry 522 N Clark St Carroll, IA 51401- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$75.00
	Occupation Dentist	Aggregate Year-to-Date -> \$175.00	
D. Full Name, Mailing Address and Zip Code Ann Delanty 1611 140th St Charter Oak, IA 51439- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$100.00
	Occupation Homemaker	Aggregate Year-to-Date -> \$100.00	
E. Full Name, Mailing Address and Zip Code Dr. Mark Demay Demay 4900 Country Club Blvd Sioux City, IA 51104- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$50.00
	Occupation Physician	Aggregate Year-to-Date -> \$50.00	
F. Full Name, Mailing Address and Zip Code Quentin J & Susan M Durward 1383 Fox Ridge Tr Sioux City, IA 51104- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Sioux City Neurology	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$200.00
	Occupation Neurosurgeon	Aggregate Year-to-Date -> \$200.00	
G. Full Name, Mailing Address and Zip Code Marvin & Crystal Gordon 2428 Chase Ave Duncombe, IA 50532- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed	Date (month, day, year) 10/20/200	Amount of Each Receipt this Period \$50.00
	Occupation Farmer	Aggregate Year-to-Date -> \$50.00	

SUBTOTAL of Receipts This Page (optional)	\$675.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 unusual purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Jerrod Grant 115 15th Street Boone, IA 50036-	Name of Employer Pat Clemons Inc. Occupation Salesman	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$50.00		
B. Full Name, Mailing Address and Zip Code Kirk & Julia Hayes 406 Brookridge PO Box 452 Algona, IA 50511-	Name of Employer Pharmacist Mutual Insurance Occupation President	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$25.00		
C. Full Name, Mailing Address and Zip Code Gene N Herbek 3909 Sylvian Way Sioux City, IA 51104-	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$200.00		
D. Full Name, Mailing Address and Zip Code Elaine Homan 116 Harrison St Remsen, IA 51050-	Name of Employer retired Occupation Retired	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$100.00		
E. Full Name, Mailing Address and Zip Code Paul Eric Johnson 309 w. Pinehurst trail Dakota Dunes, SD 57049-	Name of Employer Midlands Clinic Occupation M.D.	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$200.00		
F. Full Name, Mailing Address and Zip Code Dr. Mark Johnston 3924 Orchard Street Sioux City, IA 51104-1342	Name of Employer Occupation Physician	Date (month, day, year) 10/31/200	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$100.00		
G. Full Name, Mailing Address and Zip Code Stephen P & Laura S Kahanic 1371 Fox Ridge Tr Sioux City, IA 51104-	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$100.00		

SUBTOTAL of Receipts This Page (optional)	\$725.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Kregel 723 Elizabeth Ave Fort Dodge, IA 50501-2422	First American State Bank Occupation: Banking	11/02/200	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
Lindsey Larson 1782 Neola Ave Jefferson, IA 50129-	Self-Employed Occupation: Farmer	11/21/200	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
Luis Lebrede 6000 Talbot Road Sioux City, IA 51103-	Self-Employed Occupation: Physician	11/16/200	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
Kevin & Camille Lindahl 20 - 38th Street Sioux City, IA 51104-	Self-Employed Occupation: Physician	11/16/200	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$200.00	
Mike & Laurie Lubbers 2400 Inkpaduta Avenue Webster City, IA 50595-7311	McMurray Hatchery Occupation: Owner	10/20/200	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$50.00	
Dr. R.C. McLaren PO Box 316 Spencer, IA 51301-	Physician	11/08/200	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$25.00	
Sally McMahon 1560 110th St Sioux City, IA 51108-	Saint Lukes Medical Center Occupation: Nurse/Case Mgr	10/27/200	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$50.00	

SUBTOTAL of Receipts This Page (optional)	\$725.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Thomas Menzel 30 Park Ave S Jefferson, IA 50129- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Self-Employed Occupation Surgeon Aggregate Year-to-Date -> \$100.00	Date (month, day, year) 11/21/200	Amount of Each Receipt this Period \$100.00
B. Full Name, Mailing Address and Zip Code Vernellie & Eunice Miller 1804 S Clinton St Sioux City, IA 51106- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Siouxland Aging Service Occupation Accountant Aggregate Year-to-Date -> \$55.00	Date (month, day, year) 11/02/200	Amount of Each Receipt this Period \$30.00
C. Full Name, Mailing Address and Zip Code Dr. Terry Monk 22807-C80 Sioux City, IA 51108- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 11/15/200	Amount of Each Receipt this Period \$200.00
D. Full Name, Mailing Address and Zip Code Clair & Marcella Moore 4981 110th St Dolliver, IA 50531- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer retired Occupation Aggregate Year-to-Date -> \$25.00	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$25.00
E. Full Name, Mailing Address and Zip Code Christian & Anne Nygaard PO Box 35 Wesley, IA 50483- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Self-Employed Occupation Farmer Aggregate Year-to-Date -> \$100.00	Date (month, day, year) 11/08/200	Amount of Each Receipt this Period \$100.00
F. Full Name, Mailing Address and Zip Code Alan & Anne Ose 2230 Wilson Williams, IA 50271- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Self-Employed Occupation Farmer Aggregate Year-to-Date -> \$25.00	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$25.00
G. Full Name, Mailing Address and Zip Code Kriss & Jo Philips 909 Southridge Dr Boone, IA 50036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer OMAC Occupation Dean Aggregate Year-to-Date -> \$100.00	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$100.00

SUBTOTAL of Receipts This Page (optional)	\$580.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Askar & Fahima Qalbani 3713 Maplewood St Sioux City, IA 51104-	Name of Employer Marian Health Center Occupation Doctor	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$200.00		
B. Full Name, Mailing Address and Zip Code Guy & Katie Richardson 763 Sunset Rd Jefferson, IA 50129-	Name of Employer Self-Employed Occupation	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$100.00		
C. Full Name, Mailing Address and Zip Code Jayne Rosenberger 103 N Locust Jefferson, IA 50129-	Name of Employer Greene County Occupation	Date (month, day, year) 11/21/200	Amount of Each Receipt this Period \$75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$75.00		
D. Full Name, Mailing Address and Zip Code Stacy Schiltz 1595 Meadow Ave Jefferson, IA 50129-	Name of Employer Home State Bank Occupation	Date (month, day, year) 11/21/200	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$100.00		
E. Full Name, Mailing Address and Zip Code Wayne & Shirley Seaman Box 125 Ralston, IA 51459-	Name of Employer Occupation	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$100.00		
F. Full Name, Mailing Address and Zip Code Dr Steve & Marcia Shook 45 Red Bridge Dr Sioux City, IA 51104-	Name of Employer Grandview Occupation Doctor	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$200.00		
G. Full Name, Mailing Address and Zip Code Gordon & Marna Sietsema 1622 Club View Dr Hampton, IA 50441-7463	Name of Employer Occupation Homemaker	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> \$25.00		

SUBTOTAL of Receipts This Page (optional)	9300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Latham for Congress

<p>A. Full Name, Mailing Address and Zip Code Francis W Speck 2720 Magnolia Ct Sioux City, IA 51106-3804</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer retired</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date -> \$25.00</p>	<p>Date (month, day, year) 10/27/200</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>B. Full Name, Mailing Address and Zip Code Dr Robert & Suzan Stewart 29 W 45th St Sioux City, IA 51104-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 11/16/200</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Tom & Jane Thornton 489 N Ave P29 Churdan, IA 50050-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 10/27/200</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and Zip Code Jon Tiffany 103 N Locust St Jefferson, IA 50129-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Scranton Mfg.</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$25.00</p>	<p>Date (month, day, year) 11/21/200</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>E. Full Name, Mailing Address and Zip Code Duane Walhof 508 1st St SE Le Mars, IA 51031-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Department of Justice</p> <p>Occupation Deputy Marshall</p> <p>Aggregate Year-to-Date -> \$50.00</p>	<p>Date (month, day, year) 10/30/200</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>F. Full Name, Mailing Address and Zip Code Dr. Ronald Zoutendam 417 6th Ave Sheldon, IA 51201-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 10/31/200</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	\$600.00
TOTAL This Period (last page this line number only)	\$4595.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Calhoun County GOP 1751 190th Street Pomeroy, IA 50575- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 11/09/200	Amount of Each Receipt this Period \$46.15
	Aggregate Year-to-Date -> \$46.15		IN-KIND
B. Full Name, Mailing Address and Zip Code Carroll Co. Council of Republican Women c/o Lois Hall, Treasurer 311 East Todd Terrace Carroll, IA 51401- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 10/31/200	Amount of Each Receipt this Period \$50.00
	Aggregate Year-to-Date -> \$50.00		
C. Full Name, Mailing Address and Zip Code Crawford County GOP c/o Andy Nelson, treasurer 511 N 17th St Denison, IA 51442- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 11/02/200	Amount of Each Receipt this Period \$50.00
	Aggregate Year-to-Date -> \$50.00		
D. Full Name, Mailing Address and Zip Code Crawford County GOP c/o Andy Nelson, treasurer 511 N 17th St Denison, IA 51442- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 11/03/200	Amount of Each Receipt this Period \$150.00
	Aggregate Year-to-Date -> \$200.00		IN-KIND
E. Full Name, Mailing Address and Zip Code Crawford County Republican Women c/o Jo Littleton, treasurer PO Box 396, 22 S 9th St Denison, IA 51442-0396 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$50.00
	Aggregate Year-to-Date -> \$50.00		
F. Full Name, Mailing Address and Zip Code Greens Co. Republican Central Comm. Jefferson, IA 50129- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 11/21/200	Amount of Each Receipt this Period \$200.00
	Aggregate Year-to-Date -> \$200.00		
G. Full Name, Mailing Address and Zip Code Humboldt County GOP 2673 120th St Livermore, IA 50558- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$100.00
	Aggregate Year-to-Date -> \$200.00		

SUBTOTAL of Receipts This Page (optional)	\$646.15
TOTAL This Period (last page this line number only)	\$646.15

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the following summary page

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NAME OF COMMITTEE (In Full)

Latham for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ABATE PAC 3118 Eastern Ave NE Cedar Rapids, IA 52402-		11/02/200	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00
B. Full Name, Mailing Address and Zip Code AFIT-Americans for Free Intl Trade 112 S West St Ste 310 Alexandria, VA 22314-		10/27/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
C. Full Name, Mailing Address and Zip Code AHP - American Home Products PAC Five Giralda Farms Madison, NJ 07940-		11/16/200	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00
D. Full Name, Mailing Address and Zip Code AMEP/NPPD PAC 607 E. Adams Street Springfield, IL 62739-		11/08/200	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$250.00
E. Full Name, Mailing Address and Zip Code ASAPAC 222 Merchandise Mart, #1400 Chicago, IL 60654-		10/30/200	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
F. Full Name, Mailing Address and Zip Code Argon USA, Inc PAC Donald J Shepard, Chm, CEO & Pres 1111 N Charles St Baltimore, MD 21201-		10/30/200	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00
G. Full Name, Mailing Address and Zip Code Agricultural Retailers Assoc. PAC Andrew Aher, Mgr-Govnt Affairs 1900 M St NW # 740 Washington, DC 20035-		10/20/200	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code American Optometric 1505 Prince Street Suite 300 Alexandria, VA 22314-	Name of Employer Occupation	Date (month, day, year) 11/02/200	Amount of Each Receipt this Period \$1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1500.00		
B. Full Name, Mailing Address and Zip Code American Medical Association PAC 1101 Vermont Avenue NW Washington, DC 20005-	Name of Employer Occupation	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1500.00		
C. Full Name, Mailing Address and Zip Code Build PAC- Natl Assoc of Home Builders Natl Assn of HOME Builders 1201 15th St NW Washington, DC 20005-2800	Name of Employer Occupation	Date (month, day, year) 11/21/200	Amount of Each Receipt this Period \$2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$6500.00		
D. Full Name, Mailing Address and Zip Code College of American Pathologists PAC 1350 "I" St NW Suite 590 Washington, DC 20035-5305	Name of Employer Occupation	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
E. Full Name, Mailing Address and Zip Code Dealers Election Action Committee The National Automobile Dealers Assoc. 8400 Westpark Drive Mc Lean, VA 22102-	Name of Employer Occupation	Date (month, day, year) 11/02/200	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$6500.00		
F. Full Name, Mailing Address and Zip Code DEERE PAC - ILLINOIS John Deere RD Moline, IL 61265-	Name of Employer Occupation	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1750.00		
G. Full Name, Mailing Address and Zip Code DEERE PAC - ILLINOIS John Deere RD Moline, IL 61265-	Name of Employer Occupation	Date (month, day, year) 11/08/200	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$2750.00		

SUBTOTAL of Receipts This Page (optional)	\$12750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the detailed Summary Page

PAGE 3 OF 5
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Latham for Congress

A. Full Name, Mailing Address and Zip Code Dickstein, Shapiro & Morin PAC Washington, DC 20037-	Name of Employer Occupation	Date (month, day, year) 11/16/200	Amount of Each Receipt this Period \$500.00
	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 GENERAL ATOMICS PO BOX 22930 San Diego, CA 92122-	Name of Employer Occupation	Date (month, day, year) 10/27/200	Amount of Each Receipt this Period \$1000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$2000.00
C. Full Name, Mailing Address and Zip Code GENERAL MILLS 1 General Mills Blvd Minneapolis, MN 55426-	Name of Employer Occupation	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$1000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$2000.00
D. Full Name, Mailing Address and Zip Code Glaxo Wellcome PAC 5 Moore Dr Research Triangle Park Durham, NC 27709-3398	Name of Employer Occupation	Date (month, day, year) 10/31/200	Amount of Each Receipt this Period \$1000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$1000.00
E. Full Name, Mailing Address and Zip Code HY-VEE Employees PAC Rose Mitchell 5820 Westown Pkwy West Des Moines, IA 50266-	Name of Employer Occupation	Date (month, day, year) 10/30/200	Amount of Each Receipt this Period \$1000.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$1000.00
F. Full Name, Mailing Address and Zip Code Hartford Advocates Fund Fifth Floor 1600 M Street, N.W. Washington, DC 20036-	Name of Employer Occupation	Date (month, day, year) 11/02/200	Amount of Each Receipt this Period \$500.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$500.00
G. Full Name, Mailing Address and Zip Code Friends of Rural Electrification Wesley Ehrecke Des Moines, IA 50322-	Name of Employer Occupation	Date (month, day, year) 10/20/200	Amount of Each Receipt this Period \$500.00
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$500.00

SUBTOTAL of Receipts This Page (optional)

\$5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Rural Electrification Wesley Ehrecke Des Moines, IA 50322-	Occupation	11/08/200	\$500.00
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 Iowa Farm Bureau Federation PAC Emily Piper Eide 5400 University Ave W Des Moines, IA 50265-	Occupation	11/08/200	\$4000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	\$5000.00	
C. Full Name, Mailing Address and Zip Code NBWA PAC-Natl Beer Wholesalers Assn PAC Ronald A Sarasin, Treas 1100 S Washington St Alexandria, VA 22314-4494	Occupation	10/30/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	\$5000.00	
D. Full Name, Mailing Address and Zip Code NRA Political Victory Fund-Natl Rifle As 11250 Maples Mill Rd Fairfax, VA 22030-7400	Occupation	10/27/200	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	\$4000.00	
E. Full Name, Mailing Address and Zip Code National Turkey Federation PAC 1225 New York Ave NW Ste 400 Washington, DC 20005-	Occupation	10/20/200	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	\$1000.00	
F. Full Name, Mailing Address and Zip Code Anheuser-Busch PAC Saint Louis, MO 63104-	Occupation	10/27/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	\$1000.00	
G. Full Name, Mailing Address and Zip Code CRS America PAC 1501 Belvedere Rd West Palm Beach, FL 33406-	Occupation	10/27/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date ->	\$1000.00	

SUBTOTAL of Receipts This Page (optional)	\$10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
Latham for Congress

<p>A. Full Name, Mailing Address and Zip Code Realtors PAC 430 N Michigan Ave Chicago, IL 60611-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/27/200</p> <p>Aggregate Year-to-Date -> \$5000.00</p>	<p>Amount of Each Receipt this Period \$5000.00</p>
<p>B. Full Name, Mailing Address and Zip Code SBC Communications Inc Employees Federal PAC 175 E. Houston, RM 4-R-4 San Antonio, TX 78205-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/30/200</p> <p>Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>C. Full Name, Mailing Address and Zip Code SOFT DRINK PAC 1101 Sixteenth Street NW Washington, DC 20036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/08/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Schwan's PAC 115 West College Drive Marshall, MN 56258-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/27/200</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$8000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$40000.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Security National Bank 601 Pierce St PO Box 147 Sioux City, IA 51102-0147 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/31/200	\$28.56
Aggregate Year-to-Date ->		\$4895.26	
B. Full Name, Mailing Address and Zip Code Security National Bank 601 Pierce St PO Box 147 Sioux City, IA 51102-0147 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/31/200	\$457.14
Aggregate Year-to-Date ->		\$5352.40	
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			

SUBTOTAL of Receipts This Page (optional)	\$485.70
TOTAL This Period (last page this line number only)	\$485.70

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category or the detailed Summary Page

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank Card Services Security Nat'l Bank Payment Processing Milwaukee, WI 53288-0200	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$1577.53
B. Full Name, Mailing Address and Zip Code Action Print West Des Moines, IA 50265-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	Amount of Each Disbursement This Period \$642.25 MEMO
C. Full Name, Mailing Address and Zip Code Action Print West Des Moines, IA 50265-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	Amount of Each Disbursement This Period \$321.01 MEMO
D. Full Name, Mailing Address and Zip Code Amoco Station West Des Moines, IA 50265-	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	Amount of Each Disbursement This Period \$10.97 MEMO
E. Full Name, Mailing Address and Zip Code Amoco Station West Des Moines, IA 50265-	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	Amount of Each Disbursement This Period \$26.00 MEMO
F. Full Name, Mailing Address and Zip Code Bank Card Services Security Nat'l Bank Payment Processing Milwaukee, WI 53288-0200	Purpose of Disbursement finance charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	Amount of Each Disbursement This Period \$21.28 MEMO
G. Full Name, Mailing Address and Zip Code Buy Rite Food Milford, IA 51351-	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	Amount of Each Disbursement This Period \$26.39 MEMO

SUBTOTAL of Disbursements This Page (optional)	\$1577.53
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Casey's General Clive, IA 50325-	travel expense Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$25.38 MEMO
Casey's General Clive, IA 50325-	travel expense Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$25.22 MEMO
Country Kitchen Boone, IA 50036-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$27.42 MEMO
Casey's General Store Ida Grove, IA 51445-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$3.27 MEMO
Casey's General Store Spencer, IA 51301-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$13.49 MEMO
Hilton Inn 707 4th St Sioux City, IA 51104-	Event expense Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$2084.87 MEMO
Hy-Vee Gas West Des Moines, IA 50265-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$7.65 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed January 1999

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hy-Vee Gas West Des Moines, IA 50265-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$29.54 MEMO
B. Full Name, Mailing Address and Zip Code KUM & GO Pocahontas, IA 50574-	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$29.56 MEMO
C. Full Name, Mailing Address and Zip Code West Des Moines Kum & Go	Purpose of Disbursement travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$25.84 MEMO
D. Full Name, Mailing Address and Zip Code West Des Moines Kum & Go	Purpose of Disbursement travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$17.74 MEMO
E. Full Name, Mailing Address and Zip Code Office Depot 1550 22nd St West Des Moines, IA 50265-	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$76.28 MEMO
F. Full Name, Mailing Address and Zip Code Office Depot 1550 22nd St West Des Moines, IA 50265-	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$165.22 MEMO
G. Full Name, Mailing Address and Zip Code Office Depot 1550 22nd St West Des Moines, IA 50265-	Purpose of Disbursement office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$29.66 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Packages Des Moines, IA 50302-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$39.50 MEMO
Phillips Urbandale, IA 50322-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$23.80 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$55.39 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$16.48 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$40.48 MEMO
Postnet 50th Street West Des Moines, IA 50265-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$17.46 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$122.11 MEMO

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$35.47 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$86.90 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$16.48 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$41.19 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$16.48 MEMO
Waukeo US Post Office 500 Hwy 6 Waukeo, IA 50263-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$11.75 MEMO
Waukeo US Post Office 500 Hwy 6 Waukeo, IA 50263-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$77.75 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 13
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Waukee US Post Office 500 Hwy 6 Waukee, IA 50263-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$99.00 MEMO
Waukee US Post Office 500 Hwy 6 Waukee, IA 50263-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$258.75 MEMO
Waukee US Post Office 500 Hwy 6 Waukee, IA 50263-	Shipping, Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$330.00 MEMO
United States Postal Service Des Moines, IA 50323-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$317.50 MEMO
United States Postal Service Des Moines, IA 50323-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$94.00 MEMO
Village East Resort Okoboji, IA 51355-	Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$127.46 MEMO
Bank Card Services Security Nat'l Bank Payment Processing Milwaukee, WI 53288-0200	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$4533.00

SUBTOTAL of Disbursements This Page (optional)

\$4533.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code Action Print West Des Moines, IA 50265-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/27/200	Amount of Each Disbursement This Period \$321.01 MEMO
B. Full Name, Mailing Address and Zip Code Action Print West Des Moines, IA 50265-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/27/200	Amount of Each Disbursement This Period \$642.25 MEMO
C. Full Name, Mailing Address and Zip Code Amoco Station West Des Moines, IA 50265-	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/27/200	Amount of Each Disbursement This Period \$10.97 MEMO
D. Full Name, Mailing Address and Zip Code Amoco Station West Des Moines, IA 50265-	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/27/200	Amount of Each Disbursement This Period \$26.00 MEMO
E. Full Name, Mailing Address and Zip Code Bank Card Services Security Nat'l Bank Payment Processing Milwaukee, WI 53288-0200	Purpose of Disbursement finance charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/01/200	Amount of Each Disbursement This Period \$21.28 MEMO
F. Full Name, Mailing Address and Zip Code Buy Rite Food Milford, IA 51351-	Purpose of Disbursement Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/01/200	Amount of Each Disbursement This Period \$26.39 MEMO
G. Full Name, Mailing Address and Zip Code Casey's General Clive, IA 50325-	Purpose of Disbursement travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/27/200	Amount of Each Disbursement This Period \$25.38 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the detailed summary page

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Casey's General Clive, IA 50325-	Travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$25.22 MEMO
Country Kitchen Boone, IA 50036-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$27.42 MEMO
Casey's General Store Ida Grove, IA 51445-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$9.27 MEMO
Casey's General Store Spencer, IA 51301-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$13.49 MEMO
Hilton Inn 107 4th St Sioux City, IA 51104-	Event expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$2884.87 MEMO
Ry-Vec Gas West Des Moines, IA 50265-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$29.64 MEMO
Ry-Vec Gas West Des Moines, IA 50265-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$7.65 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed primary page

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KUM & GO Pocahontas, IA 50574-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/200	\$29.58 MEMO
KUM & GO West Des Moines KUM & GO	travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/200	\$17.74 MEMO
KUM & GO West Des Moines KUM & GO	travel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/200	\$25.84 MEMO
Office Depot 1550 22nd St West Des Moines, IA 50265-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/27/200	\$165.22 MEMO
Office Depot 1550 22nd St West Des Moines, IA 50265-	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/200	\$76.28 MEMO
Office Depot 1550 22nd St West Des Moines, IA 50265-	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/27/200	\$29.66 MEMO
Packages Des Moines, IA 50302-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/200	\$39.50 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the related Summary Page

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Phillips Urbandale, IA 50322-	Travel Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$23.80 MEMO
B. Full Name, Mailing Address and Zip Code Postnet 50th Street West Des Moines, IA 50265-	Purpose of Disbursement shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$86.90 MEMO
C. Full Name, Mailing Address and Zip Code Postnet 50th Street West Des Moines, IA 50265-	Purpose of Disbursement shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$35.47 MEMO
D. Full Name, Mailing Address and Zip Code Postnet 50th Street West Des Moines, IA 50265-	Purpose of Disbursement shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$16.48 MEMO
E. Full Name, Mailing Address and Zip Code Postnet 50th Street West Des Moines, IA 50265-	Purpose of Disbursement shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$40.48 MEMO
F. Full Name, Mailing Address and Zip Code Postnet 50th Street West Des Moines, IA 50265-	Purpose of Disbursement shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$41.19 MEMO
G. Full Name, Mailing Address and Zip Code Postnet 50th Street West Des Moines, IA 50265-	Purpose of Disbursement shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$55.39 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postnet 50th Street West Des Moines, IA 50265-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$17.46 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$16.48 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$16.48 MEMO
Postnet 50th Street West Des Moines, IA 50265-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$122.11 MEMO
Waukeo US Post Office 500 Hwy 6 Waukeo, IA 50263-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$99.00 MEMO
Waukeo US Post Office 500 Hwy 6 Waukeo, IA 50263-	Shipping, Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$330.00 MEMO
Waukeo US Post Office 500 Hwy 6 Waukeo, IA 50263-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$77.75 MEMO

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Waukee US Post Office 506 Hwy 6 Waukee, IA 50263-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$11.75 MEMO
Waukee US Post Office 500 Hwy 6 Waukee, IA 50263-	shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$258.75 MEMO
United States Postal Service Des Moines, IA 50323-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$94.00 MEMO
United States Postal Service Des Moines, IA 50323-	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/200	\$317.50 MEMO
Village East Resort Okoboji, IA 51355-	Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$127.46 MEMO
Bank Card Services Security Nat'l Bank Payment Processing Milwaukee, WI 53288-0200	MEMBERSHIP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$12.00
Bank Card Services Security Nat'l Bank Payment Processing Milwaukee, WI 53288-0200	MEMBERSHIP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/200	\$12.00

SUBTOTAL of Disbursements This Page (optional)	\$24.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the included Summary Page

PAGE 13 OF 13

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Calhoun County GOP 1751 190th Street Pomeroy, IA 50575-	AD PLACEMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/200	\$46.15 IN KIND
Clark Studios 112 1st St. SW Orange City, IA 51041-	Pictures Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/200	\$265.00
Crawford County GOP c/o Andy Nelson, treasurer 511 W 17th St Denison, IA 51442-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/200	\$150.00 IN KIND
Hulsenga, Henjes, Conner, Williams & Ass P.O. Box 1528 Sioux City, IA 51102-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/200	\$288.00
JS Day & Associates 2716 144th Street Urbandale, IA 50322-	Fundraising Expense, Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/200	\$4964.92
US Postal Service Main Post Office Sioux City, IA 51101-9607	BOX Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/200	\$64.00
US West PO Box 737 Des Moines, IA 50338-0001	Campaign Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/200	\$46.79

SUBTOTAL of Disbursements This Page (optional)	95824.86
TOTAL This Period (last page this line number only)	\$11959.39

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the following primary page

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)
Latham for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Battleground 2000 320 1st St. SE Washington, DC 20003-	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Sec. Act. <input type="checkbox"/> Other (specify):	10/19/200	\$25000.00

SUBTOTAL of Disbursements This Page (optional)	\$25000.00
TOTAL This Period (last page this line number only)	\$25000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 12-7-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>del</i> PREPARER	12-10-00 DATE PREPARED