

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 26 A 10 05

1 NAME OF COMMITTEE (in full)

People for Ganske

ADDRESS (number and street) Check if different than previously reported.

521 East Locust, 2nd Floor

2. FEC IDENTIFICATION NUMBER

C00281840

CITY, STATE and ZIP CODE

Des Moines, IA 50309

STATE/DISTRICT

IA 4

3 IS THIS REPORT AN AMENDMENT?

YES

NO

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding

General

(Type of Election)

July 15 Quarterly Report

election on 11/07/2000

in the State of IA

October 15 Quarterly Report

Thirtieth day report following the General Election on

January 31 Year End Report

in the State of _____

July 31 Mid-Year Report (Non-election Year Only)

Termination Report

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>10/01/2000</u> through <u>10/18/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$72516.75	\$451045.40
(b) Total Contribution Refunds (From Line 20(d))	\$500.00	\$500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$72016.75	\$450545.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$126710.97	\$346582.88
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$126710.97	\$346582.88
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$408353.44	
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	

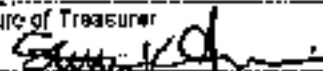
For further information:
Federal Election Commission
880 E Street, NW
Washington, DC 20463
Toll Free 800-424-6630
Local 202-219-5420

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

Steve Irwin

Signature of Treasurer



Date

10-21-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §4373.

--	--	--	--	--	--	--	--

FEC FORM 3
(Revised 4/87)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In Full) People for Ganske	Report Covering the Period: From: 10/01/2000 To: 10/16/2000	
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)	\$7900.00	
(ii) Unitemized	\$11215.00	
(iii) Total of contributions from individual	\$19115.00	\$273874.00
(b) Political Party Committees	\$0.00	\$28.16
(c) Other Political Committees (such as PACs)	\$63401.75	\$177143.25
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	\$72516.75	\$451045.40
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	\$560.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$13416.82
16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)	\$72516.75	\$484022.22
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$126710.97	\$346582.86
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	\$500.00	\$500.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUND (add 20(a), (b) and (c))	\$500.00	\$500.00
21. OTHER DISBURSEMENTS	\$0.00	\$344.15
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$127210.97	\$347427.01
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$483552.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$72516.75
25. SUBTOTAL (add Line 23 and Line 24)		\$556069.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$127210.97
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$428858.64

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)
 People for Ganske

A. Full Name, Mailing Address and Zip Code Joe Hall 2323 Park Avenue Des Moines, IA 50321-	Name of Employer Self	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Doctor	Aggregate Year-to-Date -> \$300.00	
B. Full Name, Mailing Address and Zip Code Thomas Koein 412 So 26th Street West Des Moines, IA 50265-	Name of Employer Waldinger Corp	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive	Aggregate Year-to-Date -> \$250.00	
C. Full Name, Mailing Address and Zip Code Andrew Christenson 6454 Marle Hay Road Johnston, IA 50131-	Name of Employer ACCU	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Executive	Aggregate Year-to-Date -> \$350.00	
D. Full Name, Mailing Address and Zip Code Michael Sarno 3104 Jordan Grove West Des Moines, IA 50265-	Name of Employer Self	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Doctor	Aggregate Year-to-Date -> \$300.00	
E. Full Name, Mailing Address and Zip Code Joy COLLING 4323 Grand Avenue, #324 Des Moines, IA 50312-	Name of Employer Retired	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation U.I. GOVERNOR	Aggregate Year-to-Date -> \$100.00	
F. Full Name, Mailing Address and Zip Code Steven Marlan 14121 Lakewood Drive Clive, IA 50325-	Name of Employer Self	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Doctor	Aggregate Year-to-Date -> \$1000.00	
G. Full Name, Mailing Address and Zip Code Betty Grundberg 224 Foster Dr. Des Moines, IA 50312-	Name of Employer State of Iowa	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Legislator	Aggregate Year-to-Date -> \$250.00	

SUBTOTAL of Receipts This Page (optional)	\$1350.00
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

PAGE 2 OF 4

FOR LINE NUMBER

11(a)(1)

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

NAME OF COMMITTEE (In Full)
 People for Canske

A. Full Name, Mailing Address and Zip Code Crazy Winklers 512 Tuttle Des Moines, IA 50309- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer IA. Export/Import Occupation Executive Aggregate Year-to-Date ->	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code Grandall Lassons 701 Rose Ave. Des Moines, IA 50315 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Radio supply inc. Occupation President Aggregate Year-to-Date ->	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$50.00
C. Full Name, Mailing Address and Zip Code David Hansen 3001 Sylvania Dr. West Des Moines, IA 50265- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Doctor Aggregate Year-to-Date ->	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and Zip Code Glenn DeStigter 3209 Northeast Trilmain Drive Ankeny, IA 50021- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Weitz Company Occupation CEO Aggregate Year-to-Date ->	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period \$50.00
E. Full Name, Mailing Address and Zip Code Thomas Carlstrom 1225 Pleasant Street Des Moines, IA 50309- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Doctor Aggregate Year-to-Date ->	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period \$400.00
F. Full Name, Mailing Address and Zip Code Harriet S. Macomber 630 41st. St. Des Moines, IA 50312- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Firststar Corporation Occupation Director Aggregate Year-to-Date ->	Date (month, day, year) 10/05/2000	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code Bill Classen 13832 Lakeshore Dr Des Moines, IA 50325-8834 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Iowa Lutheran Hospital Occupation Treasurer Aggregate Year-to-Date ->	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$100.00

SUBTOTAL of Receipts This Page (optional)	\$1850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Primary Page	PAGE	OF
	3	4
FOR LINE NUMBER 1 (a) (1)		

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

NAME OF COMMITTEE (In Full)
 People for Ganske

A. Full Name, Mailing Address and Zip Code Bill Classen 11832 Lakeshore Dr Des Moines, IA 50323-8834 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Iowa Lutheran Hospital Occupation Treasurer Aggregate Year-to-Date -> \$600.00	Date (month, day, year) 0/12/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code Leonard Hadley 4899 Oak Grove Ct. NE Cedar Rapids, IA 52411- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Maytag Corp. Occupation CND Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 0/12/2000	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and Zip Code Lyle Dennis CRD Associates 317 Massachusetts Avenue, NE Washington, DC 20002- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CRD Associates Occupation Attorney Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and Zip Code John Herring 4128 Eagle Ridge Drive Cedar Rapids, IA 52411- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Doctor Aggregate Year-to-Date -> \$300.00	Date (month, day, year) 0/12/2000	Amount of Each Receipt this Period \$100.00
E. Full Name, Mailing Address and Zip Code Winifred Bruner 3520 Grand Avenue, #308 Des Moines, IA 50312- 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 -> \$700.00	Date (month, day, year) 0/16/2000	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code Barbara Carlstrom 1215 Pleasant St., Suite 608 Des Moines, IA 50309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation housewife Aggregate Year-to-Date -> \$600.00	Date (month, day, year) 10/04/2000	Amount of Each Receipt this Period \$600.00
G. Full Name, Mailing Address and Zip Code Nicholas Cavarecchi 317 Massachusetts Ave NE, STR 20C Washington, DC 20002- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CRD Associates Occupation Attorney Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 0/10/2000	Amount of Each Receipt this Period \$500.00

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 committee.

NAME OF COMMITTEE (In Full)
 People for Ganske

A. Full Name, Mailing Address and Zip Code Domenic Ruscio 317 Massachusetts Ave NE, STE 200 Washington, DC 20002- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CRD Associates Occupation Attorney Aggregate Year to Date >	Date (month, day, year) 0/10/2000 \$250.00	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and Zip Code Ferrell Cartino 1201 S Rada St., #716 Arlington, VA 22202- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer The Evans Group Ltd Occupation Lawyer Aggregate Year-to-Date ->	Date (month, day, year) 0/10/2000 \$1000.00	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Marvin Gilliland 5307 Harwood Dr Des Moines, IA 50312- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Salomon Smith Barney Occupation Stock Broker Aggregate Year-to-Date ->	Date (month, day, year) 0/12/2000 \$250.00	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and Zip Code Martha Kimberley 1278 NE 112 St Maxwell, IA 50161- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Farmer Aggregate Year-to-Date ->	Date (month, day, year) 0/12/2000 \$250.00	Amount of Each Receipt this Period \$250.00
E. Full Name, Mailing Address and Zip Code Susan Anderson 8960 NE Morgan Dr. Bondurant, IA 50035- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Housewife Aggregate Year-to-Date ->	Date (month, day, year) 0/13/2000 \$250.00	Amount of Each Receipt this Period \$250.00
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 Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
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)	\$2000.00
TOTAL This Period (last page this line number only)	\$2000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule 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)
People for Ganske

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HY-VEE EMPLOYEES PAC John Brunmit 3820 Westtown Parkway West Des Moines, IA 50266- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		10/10/2000	\$1000.00
Aggregate Year-to-Date ->		\$1000.00	
B. Full Name, Mailing Address and Zip Code AMERICAN DENTAL ASSOCIATION PAC Frank McLaughlin 1112 14th Street NW, Suite 1200 Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		10/04/2000	\$5000.00
Aggregate Year-to-Date ->		\$5500.00	
C. Full Name, Mailing Address and Zip Code AMERICAN MEDICAL PAC Kevin Walker 1101 Vermont Ave NW Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		10/13/2000 In-Kind (poll)	\$3401.75
Aggregate Year-to-Date ->		\$6401.75	IN-KIND
D. Full Name, Mailing Address and Zip Code CARGILL INCORPORATED PAC Frank Sims, Chairman 1101 15th St. NW Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		10/02/2000	\$1000.00
Aggregate Year-to-Date ->		\$1000.00	
E. Full Name, Mailing Address and Zip Code AMERICAN FREE TRADE PAC Mary Dreape Manager 113 Southwest Street Alexandria, VA 22314- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		10/16/2000	\$1000.00
Aggregate Year-to-Date ->		\$1000.00	
F. Full Name, Mailing Address and Zip Code ICWA FARM BUREAU FEDERATION PAC Emily Paper Ride 5400 University Ave. West Des Moines, IA 50265- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		10/06/2000	\$1000.00
Aggregate Year-to-Date ->		\$1500.00	
G. Full Name, Mailing Address and Zip Code NATIONAL PORK PRODUCERS PAC Kirk Ferrell 122 C Street NW, #875 Washington, DC 20001- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		10/10/2000	\$1000.00
Aggregate Year-to-Date ->		\$1500.00	

SUBTOTAL of Receipts This Page (optional)	\$13401.75
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separately as Schedule A for each category of line item on the Summary Page

Any information supplied for such receipts and statements may not be held 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)
People for Ganske

<p>A. Full Name, Mailing Address and Zip Code NAT'L ASSOC. RETIRED FED. EMPLOYEES PAC Judy Park 656 North Washington Street Alexandria, VA 22314-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 9/19/2000 Aggregate Year-to-Date -> \$2000.00</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>B. Full Name, Mailing Address and Zip Code ORTHOPAEDIC PAC Jennifer Kunde 317 Massachusetts Ave., NE Suite 100 Washington, DC 20002-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/18/2000 Aggregate Year-to-Date -> \$3000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code PLASTYPAC / ASPRS John Kent 1990 M Street, NW Suite 340 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 Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/05/2000 Aggregate Year-to-Date -> \$5406.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>D. Full Name, Mailing Address and Zip Code DELOITTE & TOUCHE PAC Wade Williams Post Office Box 361 Washington, DC 20044-0365</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/04/2000 Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code AMERICAN OPTOMETRIC ASSOCIATION PAC Noel Brazil 1806 Prince St., Suite 300 Alexandria, VA 22314-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 07/18/2000 Aggregate Year-to-Date -> \$2500.00</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>F. Full Name, Mailing Address and Zip Code ASSOCIATED MILK PRODUCERS, INC PAC Wayne Bok 20 Lox 455 New Ulm, MN 56073-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/02/2000 Aggregate Year-to-Date -> \$1500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code FARMLAND PAC Gusko Sevick 1100 New York Ave., NW Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/10/2000 Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

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

SCHEDULE A

ITEMIZED RECEIPTS

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)
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & MEDICARE PAC Lee Goldberg Washington, DC 20006-		0/10/2000	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$2000.00	
B. Full Name, Mailing Address and Zip Code PRICE WATERHOUSE COOPERS PAC Beverly Belle 1900 K Street N.W. Washington, DC 20006-		0/10/2000	\$1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$2500.00	
C. Full Name, Mailing Address and Zip Code UNION PACIFIC PAC Katie Maness 505 13th St. NW #340 Washington, DC 20005		10/16/2000	\$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	
D. Full Name, Mailing Address and Zip Code SBC COMMUNICATIONS INC PAC Rudney Smith 1405 T Street NW, Suite 1100 Washington, DC 20005-		0/16/2000	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$3000.00	
E. Full Name, Mailing Address and Zip Code AICPA EFFECTIVE LEGISLATION COMMITTEE Kelly Route 1455 Pennsylvania Ave NW Washington, DC 20004-		0/05/2000	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$3000.00	
F. Full Name, Mailing Address and Zip Code LUMBER DEALERS POLITICAL ACTION PAC Jenna Morgan 40 Ivy Street, SE Washington, DC 20003-		10/10/2000	\$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	
G. Full Name, Mailing Address and Zip Code GUARANTEE MUTUAL LIFE CO. PAC Robert Bates 8801 Indian Hills Dr Omaha, NE 68114-		0/10/2000	\$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)

\$9000.00

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 another purpose other than using the name and address of any political committee to solicit contributions from such sources.

NAME OF COMMITTEE (In Full)
 People for Ganske

<p>A. Full Name, Mailing Address and Zip Code FLORIDA SUGAR CANE LEAGUE PAC Alisa Sell 1301 Pennsylvania Ave Washington, DC 20004-</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>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$500.00</p>			
<p>B. Full Name, Mailing Address and Zip Code AMERICAN MARLBOROUGH SMOKERS PAC Gordon Spencer 490 J. Edgar Plaza, SW Washington, DC 20024-</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>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$1000.00</p>			
<p>C. Full Name, Mailing Address and Zip Code PHYSICAL THERAPY PAC Mike Matlach 111 North Fairfax St Alexandria, VA 22314 1488</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>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period \$3500.00</p>
<p>Aggregate Year-to-Date -> \$3500.00</p>			
<p>D. Full Name, Mailing Address and Zip Code AM FAMILY LIFE ASSURANCE CO., INC. PAC Tom Jolly 1932 Wynton Rd Columbus, GA 31908-</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>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Aggregate Year-to-Date -> \$3000.00</p>			
<p>E. Full Name, Mailing Address and Zip Code IOWA OPTOMETRIC ASSOC. PAC Virgil Deering 1454 30th Street West Des Moines, IA 50266-</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>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$500.00</p>			
<p>F. Full Name, Mailing Address and Zip Code SOCIETY OF THORACIC SURGEONS PAC Corinne Colgan 1200 19th Street, NW Suite 300 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>Date (month, day, year) 9/12/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Aggregate Year-to-Date -> \$2500.00</p>			
<p>G. Full Name, Mailing Address and Zip Code AIR COND. CONTRACTORS OF AMERICA-PAC John Herzig 1712 New Hampshire Ave. NW Washington, DC 20009-</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>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Aggregate Year-to-Date -> \$500.00</p>			

SUBTOTAL of Receipts This Page (optional)	\$7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for 2020 details of the Total of 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 person, entitled to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELECTRICAL CONSTRUCTION PAC J. Michael Thompson 3 Bethesda Metro Center Bethesda, MD 20814-		10/16/2000	\$3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$3000.00	
B. Full Name, Mailing Address and Zip Code KPMG PEARL MARSHALL PARTNERS PAC John Stirling 201 K Street NW Washington, DC 20036-		10/10/2000	\$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 ING AMERICAN INSURANCE PAC Deborah Winston PO Box 105006 Atlanta, GA 30346-5006		10/10/2000	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$1500.00	
D. Full Name, Mailing Address and Zip Code ING AMERICAN INSURANCE PAC Deborah Winston PO Box 105006 Atlanta, GA 30346-5006		10/10/2000	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$2500.00	
E. Full Name, Mailing Address and Zip Code AMERICAN NURSES ASSOCIATION PAC Kim Zimmerman 600 Maryland Ave. SE Washington, DC 20024-		10/10/2000	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$2500.00	
F. Full Name, Mailing Address and Zip Code NAT'L ASSOC OF INSURANCE & FINANCIAL ADVISORS PAC - attn: David Winston 2901 Telestar Court Falls Church, VA 22042-		10/10/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$1500.00	
G. Full Name, Mailing Address and Zip Code Alliant Employee's PAC William Jordahl & George Klaetsch 222 West Washington Ave Madison, WI 53701 0192		10/02/2000	\$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):	\$8000.00
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)
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Assoc of Independent Insurers PAC Chuck Taylor 2600 River Road Des Plaines, IL 60018-		10/10/2000	\$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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Service Employees Internat'l Union-COPE Skip Roberts 1315 L Street NW Washington, DC 20005-		10/10/2000	\$3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$3000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Service Employees Internat'l Union-COPE Skip Roberts 1315 L Street NW Washington, DC 20005-		10/10/2000	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$5000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wells Fargo Employee PAC Lynn Horak 6th and Marquette Minneapolis, MN 55479-		10/18/2000	\$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	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional):	\$6000.00
TOTAL This Period (last page this line number only)	\$33401.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category or line item listed on this 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 campaign purposes, unless done using the name and address of any political committee to an out-of-district or out-of-state such committee.

NAME OF COMMITTEE (In Full)
People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bankers Trust 665 Locust Des Moines, IA 50309-	Payroll-Federal Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/2000	\$988.56
B. Full Name, Mailing Address and Zip Code Capitol Resources Nicole Schlinger 1842 - 400th Ave. Brooklyn, IA 52211-	Purpose of Disbursement Fundraising Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/2000	Amount of Each Disbursement This Period \$434.61
C. Full Name, Mailing Address and Zip Code Capitol Resources Nicole Schlinger 1842 - 400th Ave. Brooklyn, IA 52211-	Purpose of Disbursement Fundraising-consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/2000	Amount of Each Disbursement This Period \$2582.00
D. Full Name, Mailing Address and Zip Code Charter Printing 4202 Wheeler Ave. Alexandria, VA 22304-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/15/2000	Amount of Each Disbursement This Period \$1267.75
E. Full Name, Mailing Address and Zip Code Christian Printers 2411 21st St. Des Moines, IA 50311-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period \$254.40
F. Full Name, Mailing Address and Zip Code Competitive Edge 3711 Grand Ave. Des Moines, IA 50312-	Purpose of Disbursement Yard Signs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/10/2000	Amount of Each Disbursement This Period \$764.81
G. Full Name, Mailing Address and Zip Code Creative Gents, Inc. 709 61st St Des Moines, IA 50312-	Purpose of Disbursement Accounting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/11/2000	Amount of Each Disbursement This Period \$188.00

SUBTOTAL of Disbursements This Page (optional)	\$6406.13
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate accounts for each category of the Data and Summary Page

Any information supplied 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)
People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hy-Vee 2540 E. Euclid Des Moines, IA 50316-	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	\$5250.00
B. Full Name, Mailing Address and Zip Code Iowa Press Clipping Bureau 315 W. 5th St Des Moines, IA 50309-	Purpose of Disbursement Clipping Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	\$130.20
C. Full Name, Mailing Address and Zip Code Iowa Workforce Development 315 Kessauqua Way Des Moines, IA 50309-	Purpose of Disbursement Payroll Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/2000	\$31.82
D. Full Name, Mailing Address and Zip Code MCI Long Distance PO Box 4644 Iowa City, IA 52244-4644	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$56.34
E. Full Name, Mailing Address and Zip Code AMERICAN MEDICAL PAC Seven Malbec 1101 Vermont Ave NW Washington, DC 20005-	Purpose of Disbursement In-kind (poll) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	\$3401.75 IN KIND
F. Full Name, Mailing Address and Zip Code Macdonald Letter Service 1834 Ohio Des Moines, IA 50314-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$13410.88
G. Full Name, Mailing Address and Zip Code Des Moines Marriott 100 Grand Ave Des Moines, IA 50309-	Purpose of Disbursement Hotel Suite Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	\$364.00

SUBTOTAL of Disbursements This Page (optional)	\$22641.99
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

USA REPORTS SCHEDULE B FOR EACH CATEGORY OF THE DETAILED SUMMARY PAGE	PAGE	OF
	3	5
FOR LINE NUMBER		
17		

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

NAME OF COMMITTEE (In Full)
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maxwell & Associates 4010 Franconia Road Alexandria, VA 22310-2136	General Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/2000	\$2000.00
Maxwell & Associates 4010 Franconia Road Alexandria, VA 22310-2136	Consulting-General Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	\$1288.75
Maxwell & Associates 4010 Franconia Road Alexandria, VA 22310-2136	Raundraising expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/2000	\$2426.00
Sean Parnell 1355 68th Street West Des Moines, IA 50266-	Event expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/02/2000	\$223.00
Sean Parnell 1355 68th Street West Des Moines, IA 50266-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	\$1129.25
Sean Parnell 1355 68th Street West Des Moines, IA 50266	Mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/2000	974.25
Pratt Audio Visual 200 Third Ave. SW Cedar Rapids, IA 52404-	Sound system & speakers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	\$579.90

SUBTOTAL of Disbursements This Page (optional)	\$7,211.95
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category on the Detailed Disbursement Page

Any information copied from such Reports and Statements may not be used 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)
People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Strategic America 4200 University Ave Edgewater Building W Des Moines, IA 50265-	Media Placement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/05/2000	\$447.07
Strategic America 4200 University Ave Edgewater Building W Des Moines, IA 50265-	Radio Placement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/16/2000	\$2709.36
Treasurer State of IOWA Cover State Office Building Des Moines, IA 50319-	Payroll-State Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/07/2000	\$133.00
V&J Air Ballroom 301 Ashworth West Des Moines, IA 50265-	Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/10/2000	\$1196.94
Victory Enterprises 324 South Fairmount Street Davenport, IA 52802	Website Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/13/2000	\$30.00
Stephanie Wells 5412 Boulder Drive West Des Moines, IA 50266-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/11/2000	\$71.57
Stephanie Wells 5412 Boulder Drive West Des Moines, IA 50266-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/02/2000	\$97.82

SUBTOTAL of Disbursements This Page (optional) \$5981.66

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sub-sections 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 politician mentioned to solicit contributions from such politician.

NAME OF COMMITTEE (In Full)
People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of each Disbursement This Period
Stephanie Wells 5412 Boulder Drive West Des Moines, IA 50266-	Payroll <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	0/05/2000	\$134.14
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	/ /	Amount of each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	/ /	Amount of each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	/ /	Amount of each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	/ /	Amount of each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	/ /	Amount of each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	/ /	Amount of each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$ 0.14
TOTAL This Period (last page this line number only)	\$126584.07

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the limited liability fund

Any information copied from these reports and statements may not be sold or used by one 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 donor lists.

NAME OF COMMITTEE (In Full)
People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ted Townsend 2425 Buhnell Des Moines, IA 50317-	refund of contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	\$500.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$500.00
TOTAL This Period (last page this line number only)	\$500.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Company (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
PEOPLE FOR GAWTSKE				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor INTERNAL REVENUE SERVICE KANSAS CITY, MO 64999	988.56	0	988.56	0
Nature of Debt (Purpose): PAYROLL TAX WITHHOLDING				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor TREASURER, STATE OF IOWA HOOVER STATE OFFICE BUILDING DES MOINES, IA 50316	133.00	0	133.00	0
Nature of Debt (Purpose): PAYROLL TAX WITHHOLDING				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				0
2) TOTALS This Period (last page in this use only)				0
3) TOTAL OUTSTANDING LOANS from Schedule G (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0

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) 10-23-00
<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	

J. G.
PREPARER

10-23-00
DATE PREPARED