

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Latham For Congress

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	76751.00	1081937.90
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2802.04
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	76751.00	1079135.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	409688.28	1053427.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	8710.38	2324.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	400977.90	1051102.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	130837.89	
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 contact:

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

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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Latham For Congress

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2004"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2004"/> (date after general election)
<input type="text" value="14110.00"/> (ii) Unitemized		through <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2004"/> (last day of reporting period)
(iii) Total of contributions from individuals		
<input type="text" value="23242.50"/>	<input type="text" value="340954.40"/>	<input type="text" value="560.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="4469.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="53508.50"/>	<input type="text" value="736514.50"/>	<input type="text" value="1000.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate 0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 76751.00	1081937.90	1560.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate 0.00	0.00	0.00
(b). All Other Loans 0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 8710.38	2324.50	8710.38
15. OTHER RECEIPTS (Dividends, Interest, etc) 364.42	7317.60	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 85825.80	1091580.00	10270.38

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Latham For Congress

Report the covering period

From:

MM 10

DD 14

YYYY 2004

To:

MM 11

DD 22

YYYY 2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
409688.28	1053427.03	19511.66
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	727.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	2075.04	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	2802.04	0.00
------	---------	------

21. OTHER DISBURSEMENTS

8000.00	10500.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

417688.28	1066729.07	19511.66
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

76751.00	1079135.86	1560.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

400977.90	1051102.53	10801.28
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	462700.37
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	85825.80
25. SUBTOTAL(add Line 23 and Line 24)	548526.17
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	417688.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	130837.89

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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. Aircraft Owners & Pilots Assoc.

Full Name (Last, First, Middle Initial)
Mailing Address 421 Aviation Way

City State Zip Code
Frederick MD 21701

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: 41016.C12458

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. American Maritime Officers

Full Name (Last, First, Middle Initial)
Mailing Address Voluntary Political Action Fund
650 Fourth Avenue

City State Zip Code
Brooklyn NY 11232

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: 41016.C12457

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. American Optometric Association

Full Name (Last, First, Middle Initial)
Mailing Address 1505 Prince Street, Suite 300

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

Transaction ID: 41030.C12665

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
American Supply Association PAC

Mailing Address 222 Merchandise Mart, #1400

City State Zip Code
Chicago IL 60654

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 4

Transaction ID: 41025.C12559

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Arent Fox Civic Participation Fund

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C** C00241380

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 41027.C12562

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Associated Milk Producers, Inc. PAC

Mailing Address PO Box 455

City State Zip Code
New Ulm MN 56073-0455

FEC ID number of contributing federal political committee. **C** C00330696

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 41030.C12668

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
AT&T Inc. Federal PAC

Mailing Address 175 E Houston St Rm 7-A-50

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41023.C12557

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bi-County Political Action Committee

Mailing Address c/o Lew Meltzer
190 Willis Ave

City Mineola State NY Zip Code 11501

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 41023.C12556

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BOND MARKET ASSOC. POLITICAL ACTION CMT.

Mailing Address 1399 New York Avenue NW

City Washington State DC Zip Code 20005-2158

FEC ID number of contributing federal political committee. **C** C00158980

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

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

Transaction ID: 41021.C12530

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial) Cargill Incorporated PAC Mailing Address PO Box 9300 City State Zip Code Minneapolis MN 55440-9300 FEC ID number of contributing federal political committee. C C00067884 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 41023.C12555 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	1	/	2	0	0	4													

B. Full Name (Last, First, Middle Initial) CF Ind. Employees Good Govt. Fund Mailing Address 1 Salem Lake Dr City State Zip Code Lake Zurich IL 60047-8402 FEC ID number of contributing federal political committee. C C00076588 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 41016.C12490 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	5	/	2	0	0	4													

C. Full Name (Last, First, Middle Initial) ConAgra Good Government Assoc. Mailing Address One ConAgra Dr City State Zip Code Omaha NE 68102-5501 FEC ID number of contributing federal political committee. C C00087874 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 41130.C12752 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	1	/	2	0	0	4													

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

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

Mailing Address 1776 Eye Street, NW
Suite 700

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41018.C12492

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Employees of Northrup Grumman PAC

Mailing Address 520 S. Grand Avenue
Suite 700

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 41027.C12565

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eureka PAC

Mailing Address Ken Calvert, Honorary Chairman
1155 21st St. NW, Suite 300

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41027.C12567

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Farmers Mutual Hail PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 2323 Grand Ave Oscar Deardorff		Transaction ID: 41016.C12459
City Des Moines State IA Zip Code 50312	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00117614		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. FAS PAC / Fareway		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 2600 8th St		Transaction ID: 41025.C12558
City Boone State IA Zip Code 50036-3139	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00331686		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. FEPAC/Federal Express Corp PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 942 S. Shady Grove Rd.		Transaction ID: 41030.C12669
City Memphis State TN Zip Code 38120	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00068692		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5250.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Franchising Polital Action Committee

Mailing Address 1350 New York Ave NW #900

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41021.C12531

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Future Leaders PAC

Mailing Address 1155 21st Street N.W.
Suite 300

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: 41021.C12527

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Herbalife International PAC

Mailing Address 1800 Century Park E

City State Zip Code
Los Angeles CA 90067-1501

FEC ID number of contributing federal political committee. **C** C00393298

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41030.C12666

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial) HY-VEE Employees PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4	
Mailing Address Rose Mitchell 5820 Westown Pkwy		Transaction ID: 41016.C12491	
City State Zip Code West Des Moines IA 50266-8223		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00243659		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) ICBPAC/Independent Bankers PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 1 Thomas Cir NW Ste 400		Transaction ID: 41027.C12563	
City State Zip Code Washington DC 20005-5802		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00032698		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 4000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) IFBF PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 4	
Mailing Address 5400 University Ave		Transaction ID: 41018.C12493	
City State Zip Code West Des Moines IA 50266-5997		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00200329		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
National Cattlemens Beef Assn PAC

Mailing Address 9110 E. Nichols Ave.

City Englewood State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) Primary 2006

Election Cycle-to-Date 1000.00

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

Transaction ID: 41130.C12766

Amount of Each Receipt this Period
 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Telecommunications Coop. Assoc

Mailing Address 4121 Wilson Blvd
10 th Floor

City Arlington State VA Zip Code 22203-1839

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

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

Transaction ID: 41130.C12753

Amount of Each Receipt this Period
 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Turkey Federation PAC

Mailing Address 1225 New York Ave NW Ste 400

City Washington State DC Zip Code 20005-6404

FEC ID number of contributing federal political committee. **C** C00076182

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 4

Transaction ID: 41030.C12651

Amount of Each Receipt this Period
 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial) Natl. Society of Professional Engineers Mailing Address 1420 King Street City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 41030.C12569 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	4	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	2		2	0	0	4														
500.00																							
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

B. Full Name (Last, First, Middle Initial) PAC of the National Mining Association Mailing Address 101 Constitution Ave NW Suite 500 East City State Zip Code Washington DC 20001 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 41021.C12532 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	4	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	9		2	0	0	4														
1000.00																							
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

C. Full Name (Last, First, Middle Initial) Pioneer PAC Mailing Address 1155 21st St NS, Ste 300 City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 41023.C12554 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	4	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	2		2	0	0	4														
5000.00																							
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>5000.00</td> </tr> </table> Mailer & all associated fees		5000.00																					
5000.00																							

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial) Pork PAC / Natl Pork Producers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address P.O. Box 10383 122 CSt, Nw, Suite 875		Transaction ID: 41030.C12670	
City State Zip Code Des Moines IA 50306		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 6000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Power PAC - Edison Electric Institute		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 701 Pennsylvania Ave. NW		Transaction ID: 41030.C12664	
City State Zip Code Washington DC 20004-2696		Amount of Each Receipt this Period 258.50	
FEC ID number of contributing federal political committee. C		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 2258.50	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		hosted luncheon	

C. Full Name (Last, First, Middle Initial) Professionals PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4	
Mailing Address HDR, Inc. 8404 Indian Hills Drive		Transaction ID: 41020.C12518	
City State Zip Code Omaha NE 68114		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00103903		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		Election Cycle-to-Date ▼ 500.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3258.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Promoting Republicans You can Elect

Mailing Address 1155 21st Street N.W.
Suite 300

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

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

Transaction ID: 41018.C12494

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tyson Foods PAC

Mailing Address PO Box 2020

City Springdale State AR Zip Code 72765

FEC ID number of contributing federal political committee. **C** C00169821

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 41130.C12750

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wachovia Corp. Good Govt. Fund

Mailing Address 301 S. College Street

City Charlotte State NC Zip Code 28288

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 41018.C12495

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

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

Mailing Address PO Box 68

City Ralston State IA Zip Code 51459-0068

FEC ID number of contributing federal political committee. **C** C00395244

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41030.C12667

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wyeth Good Government Fund

Mailing Address 5 Giralda Farms

City Madison State NJ Zip Code 07940-1027

FEC ID number of contributing federal political committee. **C** C00115303

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 41027.C12568

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	53508.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one)	PAGE 20 / 68
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

<p>A. Full Name (Last, First, Middle Initial) Chuck Becker</p> <p>Mailing Address 600 Hwy 175</p> <p>City State Zip Code Stratford IA 50249</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Becker Gravel Company President</p> <p>Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4</p> <p>Transaction ID: 41130.C12738</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) James Becker</p> <p>Mailing Address 3528 Cabernet Cir</p> <p>City State Zip Code Waukee IA 50263-8125</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-Employed Anesthetist</p> <p>Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4</p> <p>Transaction ID: 41130.C12739</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Jean Brumm</p> <p>Mailing Address 606 Poplar St</p> <p>City State Zip Code Osage IA 50461-1316</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Home Trust and Savings Bank Bank Loan Officer</p> <p>Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4</p> <p>Transaction ID: 41016.C12434</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
William Burke

Mailing Address 57113 250th Street

City State Zip Code
Ames IA 50010

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

Name of Employer Occupation
retired Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

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

Transaction ID: 41023.C12539

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Marcia Connell

Mailing Address 527 N Shore Dr

City State Zip Code
Clear Lake IA 50428-1342

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

Name of Employer Occupation
Clear Lake Telephone Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1150.00

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

Transaction ID: 41030.C12571

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Donna Decker

Mailing Address 816 Northrup Dr

City State Zip Code
Fort Dodge IA 50501-5351

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

Name of Employer Occupation
No Employer Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1050.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41027.C12564

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Mark Friedow

Mailing Address PO Box 110
1213 Rushridge Rd.

City Jefferson State IA Zip Code 50129-0110

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

Name of Employer Sparboe Companies Occupation Administrator

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 41117.C12708

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jack Gethmann

Mailing Address P.O. Box 160

City Marshalltown State IA Zip Code 50158

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

Name of Employer Self-Employed Occupation Builder

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 41130.C12725

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Willis Hansen

Mailing Address 2050 Woodland Dr

City New Hampton State IA Zip Code 50659-9225

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

Name of Employer State Bank of Lawler Occupation Banker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41117.C12673

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Amy Hewitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 413 S Shore Dr		Transaction ID: 41016.C12467
City State Zip Code Clear Lake IA 50428-2542	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Clear Lake Bank & Trust	Occupation Banker	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) B. Amy Hewitt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 413 S Shore Dr		Transaction ID: 41030.C12600
City State Zip Code Clear Lake IA 50428-2542	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Clear Lake Bank & Trust	Occupation Banker	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Casey Johnson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 150 Country Club Dr		Transaction ID: 41117.C12689
City State Zip Code Ft Dodge IA 50501	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation Upper Management	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Phyllis Kelly

Mailing Address 126 Cedar Cir

City State Zip Code
Charles City IA 50616-1604

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

Name of Employer Self-Employed
Occupation Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

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

Transaction ID: 41117.C12717

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Laurie L Kersten

Mailing Address 1442 14th Ave N

City State Zip Code
Fort Dodge IA 50501

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

Name of Employer Trevino Associates
Occupation CPA

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41027.C12566

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Margaret Kundel

Mailing Address 318 Ford Rd

City State Zip Code
Emmetsburg IA 50536

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

Name of Employer Self-Employed
Occupation Doctor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 41030.C12644

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Terry Lutz

Mailing Address 705 1st Ave N

City State Zip Code
Fort Dodge IA 50501

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

Name of Employer McClure Engineering Co Occupation Civil Engineer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

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

Transaction ID: 41130.C12760

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tony Mack

Mailing Address 1245 Jade Pl

City State Zip Code
Ogden IA 50212-7400

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

Name of Employer Central IA Physical Therapy Occupation Physical Therapist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 41117.C12711

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Marjorie McAllister

Mailing Address 308 Ford Road

City State Zip Code
Emmetsburg IA 50536

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

Name of Employer No Employer Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41117.C12687

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial) John Miller Mailing Address 3312 Ridgetop Rd City State Zip Code Ames IA 50014-4592 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: 41016.C12448 Amount of Each Receipt this Period 50.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Skarshaug Testing Lab Professional Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Troy Moore Mailing Address 14731 Lakeview Dr. City State Zip Code Clive IA 50325 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4 Transaction ID: 41023.C12546 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Information Requested Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Ramon Osthus Mailing Address 2302 Bittersweet Rd City State Zip Code Marshalltown IA 50158-4369 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4 Transaction ID: 41016.C12472 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Triad Real Estate Realtor Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Robert Paxton

Mailing Address 1402 Knollcrest Dr.

City State Zip Code
Fort Dodge IA 50501-2932

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

Name of Employer Occupation
Iowa Central Community College President

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1550.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41117.C12685

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Eric Pearson

Mailing Address 2712 21st Ave N

City State Zip Code
Fort Dodge IA 50501

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41117.C12691

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kurt Pittner

Mailing Address 1207 10th Ave N

City State Zip Code
Fort Dodge IA 50501

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 41117.C12712

Amount of Each Receipt this Period
600.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Erin Porter

Mailing Address 395 NW 58th Pl.

City State Zip Code
Des Moines IA 50313

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

Name of Employer Occupation
Heartland Agri-Supply Upper Management

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 41030.C12622

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Martha Rodamaker

Mailing Address 225 Pebble Creek Dr

City State Zip Code
Mason City IA 50401-8920

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

Name of Employer Occupation
First Citizens National Bank Banker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 41130.C12759

Amount of Each Receipt this Period
750.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
G Gress Rogers

Mailing Address 2104 Douglas Ave

City State Zip Code
Ames IA 50010-4912

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

Name of Employer Occupation
retired Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
285.00

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

Transaction ID: 41030.C12609

Amount of Each Receipt this Period
60.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1060.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Dixie Ruble

Mailing Address 1901 Fairway Dr

City State Zip Code
Indianola IA 50125-1070

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

Name of Employer Occupation
retired Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

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

Transaction ID: 41130.C12744

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas Schaefer

Mailing Address 7 Briarstone Ct

City State Zip Code
Mason City IA 50401-4647

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

Name of Employer Occupation
Henkel Construction Co. President

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

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

Transaction ID: 41117.C12718

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gary Schmit

Mailing Address 152 Brook Terrace SW

City State Zip Code
Mason City IA 50401-1741

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

Name of Employer Occupation
Henkel Construction Co. VICE PRESIDENT

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

200.00

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

Transaction ID: 41016.C12453

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Norma Schmoker

Mailing Address 2290 170th St

City State Zip Code
Fort Dodge IA 50501-8545

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

Name of Employer No Employer
Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41117.C12683

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Norma Schmoker

Mailing Address 2290 170th St

City State Zip Code
Fort Dodge IA 50501-8545

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

Name of Employer No Employer
Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

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

Transaction ID: 41130.C12758

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Calvin Schulte

Mailing Address 477 A 220th St

City State Zip Code
Alexander IA 50420-8050

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

Name of Employer No Employer
Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41117.C12701

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Tom Shelly

Mailing Address 714 15th Ave N

City State Zip Code
Fort Dodge IA 50501

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

Name of Employer Information Requested Occupation
Occupation
Orthodontist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41117.C12684

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David Stanley

Mailing Address PO Box 209

City State Zip Code
Muscatine IA 52761-0069

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

Name of Employer lowans for Tax Relief Occupation
Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 41023.C12548

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 106 East Main Street

City State Zip Code
Lake Mills IA 50450

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

Name of Employer retired Occupation
Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 41117.C12690

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Steven Sukup

Mailing Address 1405 N Shore Dr

City State Zip Code
Clear Lake IA 50428-1237

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

Name of Employer Self-Employed Occupation
Sales Management

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

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

Transaction ID: 41130.C12748

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Scott Tapper

Mailing Address 2430 240th St

City State Zip Code
Webster City IA 50595-7404

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

Name of Employer Self-Employed Occupation
Farming

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: 41130.C12731

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John H. Thomson

Mailing Address 824 Crescent Dr

City State Zip Code
Cresco IA 52136-1044

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

Name of Employer C US Bank Occupation
Banker

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

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

Transaction ID: 41023.C12551

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Dennis Vestweber

Mailing Address 3305 170th St

City State Zip Code
Alexander IA 50420-7601

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

Name of Employer Occupation
Self-Employed Farmer

Receipt For: 2004
 Primary General
 Other (specify) ▼
 Primary 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2004

Transaction ID: 41130.C12768

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Todd Walker

Mailing Address 903 Banbury CT

City State Zip Code
Mc Lean VA 22102

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

Name of Employer Occupation
UST Public Affairs Upper Management

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2004

Transaction ID: 41130.C12751

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William Yohn

Mailing Address P.O. Box 246

City State Zip Code
Clear Lake IA 50428-0246

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

Name of Employer Occupation
Self-Employed Contractor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2004

Transaction ID: 41130.C12757

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	14110.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Auto Owners Insurance Mailing Address P.O. Box 65440		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 4 Transaction ID: 41130.C12772
City State Zip Code West Des Moines IA 50265-0440	Amount of Each Receipt this Period 4640.00	
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2006	Election Cycle-to-Date ▼ 4640.00	

Full Name (Last, First, Middle Initial) B. Des Moines Register Mailing Address 715 Locust St.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 4 Transaction ID: 41117.C12722
City State Zip Code Des Moines IA 50309-	Amount of Each Receipt this Period 4066.40	
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2006	Election Cycle-to-Date ▼ 4066.40	

Full Name (Last, First, Middle Initial) C. Treasurer, State of Iowa Mailing Address PO Box 10411		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4 Transaction ID: 41130.C12770
City State Zip Code Des Moines IA 50306-	Amount of Each Receipt this Period 3.98	
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2006	Election Cycle-to-Date ▼ 3.98	

SUBTOTAL of Receipts This Page (optional) ▶	8710.38
TOTAL This Period (last page this line number only) ▶	8710.38

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 35 / 68	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
First Citizens National Bank

Mailing Address P.O. Box 268

City State Zip Code
Clarion IA 50525-

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5724.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	4

Transaction ID: 41117.C12723

Amount of Each Receipt this Period
364.42

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	364.42
TOTAL This Period (last page this line number only)	▶	364.42

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. B & L Explorer		Transaction ID: 41013.E3042 Date of Disbursement 10 / 15 / 2004	
Mailing Address 2859 Taft Avenue		Amount of Each Disbursement this Period 100.00	
City Garner State IA Zip Code 50438-	Purpose of Disbursement WINNEBAGO RENTAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WINNEBAGO RENTAL	

Full Name (Last, First, Middle Initial) B. B & L Explorer		Transaction ID: 41117.E3129 Date of Disbursement 11 / 09 / 2004	
Mailing Address 2859 Taft Avenue		Amount of Each Disbursement this Period 906.00	
City Garner State IA Zip Code 50438-	Purpose of Disbursement BAL ON WINN RENTAL FOR CAMPAIGN TOU	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BAL ON WINN RENTAL FOR CAMPAIGN TOU	

Full Name (Last, First, Middle Initial) C. Paul T. Birdsall		Transaction ID: 41016.E3071 Date of Disbursement 10 / 15 / 2004	
Mailing Address 348 Lakeview Dr.		Amount of Each Disbursement this Period 673.08	
City Mason City State IA Zip Code 50401-	Purpose of Disbursement OCT 1-15 WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OCT 1-15 WAGES	

SUBTOTAL of Disbursements This Page (optional) ▶	1679.08
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial) Paul T. Birdsall		Transaction ID: 41117.E3117 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address 348 Lakeview Dr.		Amount of Each Disbursement this Period 673.08	
City Mason City State IA Zip Code 50401-	Purpose of Disbursement OCT 16-31 WAGES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OCT 16-31 WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Paul T. Birdsall		Transaction ID: 41117.E3145 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 4	
Mailing Address 348 Lakeview Dr.		Amount of Each Disbursement this Period 641.83	
City Mason City State IA Zip Code 50401-	Purpose of Disbursement BALANCE ON NOV WAGES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BALANCE ON NOV WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Paul T. Birdsall		Transaction ID: 41117.E3151 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 4	
Mailing Address 348 Lakeview Dr.		Amount of Each Disbursement this Period 1274.11	
City Mason City State IA Zip Code 50401-	Purpose of Disbursement MILEAGE ON CAMPAIGN TOUR Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE ON CAMPAIGN TOUR	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2589.02
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Bogart Associates		Transaction ID: 41117.E3112 Date of Disbursement 11 / 01 / 2004
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 4895.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bogart Associates		Transaction ID: 41117.E3126 Date of Disbursement 11 / 01 / 2004
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 2625.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMMISSIONS	Candidate Name	[MEMO ITEM] MEMO: COMMISSIONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bogart Associates		Transaction ID: 41117.E3127 Date of Disbursement 11 / 01 / 2004
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 370.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILING COSTS	Candidate Name	[MEMO ITEM] MEMO: MAILING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4895.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. La Colline Restaurant		Transaction ID: 41117.E3128 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 400 N Capitol St. NW Suite 175		Amount of Each Disbursement this Period 1900.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXP-FOOD/BEV	Candidate Name	[MEMO ITEM] MEMO: FUNDRAISING EXP-FOOD/BEV
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Brinton		Transaction ID: 41025.E3092 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 4
Mailing Address 227 1st Ave NE		Amount of Each Disbursement this Period 168.79
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUPPLIES FOR CAMPAIGN TOUR	Candidate Name	SUPPLIES FOR CAMPAIGN TOUR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert Brinton		Transaction ID: 41117.E3130 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 227 1st Ave NE		Amount of Each Disbursement this Period 287.66
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	456.45
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Robert Brinton		Transaction ID: 41117.E3153 Date of Disbursement 11 / 17 / 2004
Mailing Address 227 1st Ave NE		Amount of Each Disbursement this Period 281.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
City Clarion State IA Zip Code 50525-	Category/ Type	
Purpose of Disbursement SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gateway Hotel		Transaction ID: 41130.E3172 Date of Disbursement 11 / 17 / 2004
Mailing Address 2100 Green Hills Dr		Amount of Each Disbursement this Period 281.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING/MEALS
City Ames State IA Zip Code 50014-7898	Category/ Type	
Purpose of Disbursement LODGING/MEALS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Capitol Resources		Transaction ID: 41117.E3113 Date of Disbursement 11 / 01 / 2004
Mailing Address 700 East Pleasant St. P.O. Box 257		Amount of Each Disbursement this Period 5174.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NRCC & GRASSLEY MAILER
City Brooklyn State IA Zip Code 52211-	Category/ Type	
Purpose of Disbursement NRCC & GRASSLEY MAILER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5455.76
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. City of Ames		Transaction ID: 41117.E3131 Date of Disbursement 11 / 09 / 2004
Mailing Address Utility Customer Services 515 Clark Ave		Amount of Each Disbursement this Period 152.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ames State IA Zip Code 50010-6135	Category/Type	
Purpose of Disbursement ELEC/WATER FOR CAMPAIGN HQ		ELEC/WATER FOR CAMPAIGN HQ
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lester (Terry) L. Cooper		Transaction ID: 41117.E3114 Date of Disbursement 11 / 01 / 2004
Mailing Address 3539 S. Utah St.		Amount of Each Disbursement this Period 13267.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22206-	Category/Type	
Purpose of Disbursement RESEARCH EXP.		RESEARCH EXP.
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. First Bankcard		Transaction ID: 41013.E3043 Date of Disbursement 10 / 15 / 2004
Mailing Address P.O. Box 2814		Amount of Each Disbursement this Period 4081.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68103-2814	Category/Type	
Purpose of Disbursement SEE BELOW		SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	17501.45
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Avalon Hotel		Transaction ID: 41016.E3088 Date of Disbursement 10 / 15 / 2004	
Mailing Address 16 E 32nd St.		Amount of Each Disbursement this Period 2204.50	
City New York State NY Zip Code 10016-	Purpose of Disbursement HOTEL FOR REPUBLICAN CONV.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: HOTEL FOR REPUBLICAN CONV.	

Full Name (Last, First, Middle Initial) B. Copyworks		Transaction ID: 41016.E3078 Date of Disbursement 10 / 15 / 2004	
Mailing Address 2502 Lincoln Way		Amount of Each Disbursement this Period 44.41	
City Ames State IA Zip Code 50014-7076	Purpose of Disbursement POSTCARDS FOR EVENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTCARDS FOR EVENT	

Full Name (Last, First, Middle Initial) C. Hickory Park		Transaction ID: 41016.E3089 Date of Disbursement 10 / 15 / 2004	
Mailing Address 1404 South Duff Avenue		Amount of Each Disbursement this Period 132.34	
City Ames State IA Zip Code 50010-	Purpose of Disbursement MEAL WITH CAMPAIGN AND DC STAFF	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEAL WITH CAMPAIGN AND DC STAFF	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Lowes Full Name (Last, First, Middle Initial) Mailing Address South Duff City Ames State IA Zip Code 50010- Purpose of Disbursement SUPPLIES FOR LARGE YARD SIGNS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41016.E3080 Date of Disbursement: 10 / 15 / 2004 Amount of Each Disbursement this Period 172.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES FOR LARGE YARD SIGNS
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B. Orschelns Full Name (Last, First, Middle Initial) Mailing Address 1125 SE Marshall City Boone State IA Zip Code 50036- Purpose of Disbursement TPOSTS FOR SIGNS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41016.E3082 Date of Disbursement: 10 / 15 / 2004 Amount of Each Disbursement this Period 479.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TPOSTS FOR SIGNS
--	--	--

C. Sales International Full Name (Last, First, Middle Initial) Mailing Address 1134 Dial Mill Rd. City Oxford State GA Zip Code 30054- Purpose of Disbursement MICROSOFT SOFTWARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41016.E3084 Date of Disbursement: 10 / 15 / 2004 Amount of Each Disbursement this Period 125.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MICROSOFT SOFTWARE
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Staples Full Name (Last, First, Middle Initial) Mailing Address 1333 Buckeye Road City Ames State IA Zip Code 50010- Purpose of Disbursement FAX MACHINE SUPPLIES FOR HQ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41016.E3083 Date of Disbursement 10 / 15 / 2004 Amount of Each Disbursement this Period 233.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FAX MACHINE SUPPLIES FOR HQ
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B. Target Full Name (Last, First, Middle Initial) Mailing Address 320 S Duff Ave. City Ames State IA Zip Code 50010- Purpose of Disbursement SNACKS/POP FOR HQ Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41016.E3081 Date of Disbursement 10 / 15 / 2004 Amount of Each Disbursement this Period 14.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SNACKS/POP FOR HQ
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C. Theisens Full Name (Last, First, Middle Initial) Mailing Address 602 Iowa Ave City Marshalltown State IA Zip Code 50158- Purpose of Disbursement FENCE POSTS FOR BARN SIGNS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41016.E3087 Date of Disbursement 10 / 15 / 2004 Amount of Each Disbursement this Period 463.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FENCE POSTS FOR BARN SIGNS
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. First Bankcard Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2814 City Omaha State NE Zip Code 68103-2814 Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41117.E3135 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 Amount of Each Disbursement this Period 494.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
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B. Country Inns & Suites Full Name (Last, First, Middle Initial) Mailing Address 4082 4th Street S.W. City Mason City State IA Zip Code 50401- Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41130.E3169 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 Amount of Each Disbursement this Period 97.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING
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C. Kum & Go Full Name (Last, First, Middle Initial) Mailing Address 810 North Ankeny Blvd City Ankeny State IA Zip Code 50021- Purpose of Disbursement TRAVEL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41130.E3170 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 Amount of Each Disbursement this Period 97.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
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SUBTOTAL of Disbursements This Page (optional) ▶	494.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Stoney Creek Inn Full Name (Last, First, Middle Initial) Mailing Address 407 Rossville Road City Waukon State IA Zip Code 52172- Purpose of Disbursement LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41130.E3171 Date of Disbursement 11 / 01 / 2004 Amount of Each Disbursement this Period 214.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING
--	--	--

B. First Bankcard Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2814 City Omaha State NE Zip Code 68103-2814 Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41117.E3134 Date of Disbursement 11 / 01 / 2004 Amount of Each Disbursement this Period 1207.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
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C. Hy-Vee Ames Full Name (Last, First, Middle Initial) Mailing Address 640 Lincoln Way City Ames State IA Zip Code 50010- Purpose of Disbursement SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41130.E3163 Date of Disbursement 11 / 01 / 2004 Amount of Each Disbursement this Period 14.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUPPLIES
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	1207.35
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 41130.E3165 Date of Disbursement 11 / 01 / 2004
Mailing Address 1333 Buckeye Road		Amount of Each Disbursement this Period 508.13
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TABLES AND LABELS	Candidate Name	[MEMO ITEM] MEMO: TABLES AND LABELS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Target		Transaction ID: 41130.E3166 Date of Disbursement 11 / 01 / 2004
Mailing Address 320 S Duff Ave.		Amount of Each Disbursement this Period 262.98
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES ETC	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES ETC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Post Office		Transaction ID: 41130.E3167 Date of Disbursement 11 / 01 / 2004
Mailing Address 525 Kellogg Ave		Amount of Each Disbursement this Period 230.00
City Ames State IA Zip Code 50010-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE FOR INVITES	Candidate Name	[MEMO ITEM] MEMO: POSTAGE FOR INVITES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. First Bankcard		Transaction ID: 41117.E3136 Date of Disbursement 11 / 09 / 2004
Mailing Address P.O. Box 2814		Amount of Each Disbursement this Period 171.34
City Omaha State NE Zip Code 68103-2814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FedEx		Transaction ID: 41130.E3159 Date of Disbursement 11 / 12 / 2004
Mailing Address 238 Alexander Ave		Amount of Each Disbursement this Period 117.89
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILING EXPENSES	Candidate Name	[MEMO ITEM] MEMO: MAILING EXPENSES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. First Citizens National Bank		Transaction ID: 41016.E3076 Date of Disbursement 10 / 15 / 2004
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 2467.92
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 941 TAX & OCT W/HOLDING	Candidate Name	941 TAX & OCT W/HOLDING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2639.26
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. First Citizens National Bank		Transaction ID: 41117.E3144 Date of Disbursement 10 / 31 / 2004
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 157.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarion State IA Zip Code 50525-	Purpose of Disbursement WIRE/CC/MONTHLY FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WIRE/CC/MONTHLY FEES

Full Name (Last, First, Middle Initial) B. First Citizens National Bank		Transaction ID: 41117.E3150 Date of Disbursement 11 / 16 / 2004
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 2508.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarion State IA Zip Code 50525-	Purpose of Disbursement 941 TAX & NOV W/H Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	941 TAX & NOV W/H

Full Name (Last, First, Middle Initial) C. Samuel D. Genson		Transaction ID: 41016.E3072 Date of Disbursement 10 / 15 / 2004
Mailing Address 2420 Aspen Rd, #310		Amount of Each Disbursement this Period 597.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ames State IA Zip Code 50010-	Purpose of Disbursement OCT 1-15 WAGES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OCT 1-15 WAGES

SUBTOTAL of Disbursements This Page (optional) ▶	3263.53
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Samuel D. Genson		Transaction ID: 41117.E3118 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 2420 Aspen Rd, #310		Amount of Each Disbursement this Period 597.67
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OCT 16-31 WAGES	Candidate Name	OCT 16-31 WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Samuel D. Genson		Transaction ID: 41117.E3146 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 4
Mailing Address 2420 Aspen Rd, #310		Amount of Each Disbursement this Period 529.16
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BAL ON NOV WAGES	Candidate Name	BAL ON NOV WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Matthew Hinch		Transaction ID: 41016.E3073 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 8007 Suncrest Dr.		Amount of Each Disbursement this Period 820.15
City Des Moines State IA Zip Code 50320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OCT 1-15 WAGES	Candidate Name	OCT 1-15 WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1946.98
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

<p>A. Matthew Hinch</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8007 Suncrest Dr.</p> <p>City Des Moines State IA Zip Code 50320-</p> <p>Purpose of Disbursement SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 41025.E3096</p> <p>Date of Disbursement</p> <p>10 / 24 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>511.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Caseys</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address West 2nd Ave</p> <p>City Indianola State IA Zip Code 50125-</p> <p>Purpose of Disbursement GAS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 41202.E3190</p> <p>Date of Disbursement</p> <p>10 / 24 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>154.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GAS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Kum & Go</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 810 North Ankeny Blvd</p> <p>City Ankeny State IA Zip Code 50021-</p> <p>Purpose of Disbursement GAS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 41202.E3189</p> <p>Date of Disbursement</p> <p>10 / 24 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>126.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GAS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>511.57</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Matthew Hinch		Transaction ID: 41117.E3119 Date of Disbursement 11 / 01 / 2004	
Mailing Address 8007 Suncrest Dr.		Amount of Each Disbursement this Period 820.15	
City Des Moines State IA Zip Code 50320-	Purpose of Disbursement OCT 16-31 WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type OCT 16-31 WAGES	

Full Name (Last, First, Middle Initial) B. Matthew Hinch		Transaction ID: 41117.E3147 Date of Disbursement 11 / 16 / 2004	
Mailing Address 8007 Suncrest Dr.		Amount of Each Disbursement this Period 755.42	
City Des Moines State IA Zip Code 50320-	Purpose of Disbursement BAL ON NOV WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type BAL ON NOV WAGES	

Full Name (Last, First, Middle Initial) C. Matthew Hinch		Transaction ID: 41117.E3154 Date of Disbursement 11 / 17 / 2004	
Mailing Address 8007 Suncrest Dr.		Amount of Each Disbursement this Period 315.97	
City Des Moines State IA Zip Code 50320-	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	1891.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Caseys Full Name (Last, First, Middle Initial) Mailing Address West 2nd Ave City Indianola State IA Zip Code 50125- Purpose of Disbursement GAS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41130.E3173 Date of Disbursement 11 / 17 / 2004 Amount of Each Disbursement this Period 52.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
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B. Kum & Go Full Name (Last, First, Middle Initial) Mailing Address 810 North Ankeny Blvd City Ankeny State IA Zip Code 50021- Purpose of Disbursement GAS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41130.E3174 Date of Disbursement 11 / 17 / 2004 Amount of Each Disbursement this Period 93.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
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C. Target Full Name (Last, First, Middle Initial) Mailing Address 320 S Duff Ave. City Ames State IA Zip Code 50010- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41130.E3176 Date of Disbursement 11 / 17 / 2004 Amount of Each Disbursement this Period 11.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. IA Workforce Development		Transaction ID: 41030.E3110 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 1000 East Grand Avenue		Amount of Each Disbursement this Period 1980.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50309-	Purpose of Disbursement 3RD QTR UNEMPLOYMENT TAX Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	3RD QTR UNEMPLOYMENT TAX

Full Name (Last, First, Middle Initial) B. Thomas Latham		Transaction ID: 41117.E3137 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 2218 Ironwood Ct.		Amount of Each Disbursement this Period 123.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ames State IA Zip Code 50014-	Purpose of Disbursement MEALS ON CAMPAIGN TOOUR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEALS ON CAMPAIGN TOOUR

Full Name (Last, First, Middle Initial) C. Macdonald Letter Service		Transaction ID: 41117.E3155 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 4
Mailing Address 1632 Ohio		Amount of Each Disbursement this Period 4980.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50314-	Purpose of Disbursement COSTS FOR OCT MOSLEY POSTCARDS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COSTS FOR OCT MOSLEY POST-CARDS

SUBTOTAL of Disbursements This Page (optional) ▶	7084.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Melissa McArthur		Transaction ID: 41016.E3074 Date of Disbursement 10 / 15 / 2004
Mailing Address 212 Hayward Ave #204		Amount of Each Disbursement this Period 309.40
City Ames State IA Zip Code 50014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OCT 1-15 WAGES	Candidate Name	OCT 1-15 WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Melissa McArthur		Transaction ID: 41117.E3120 Date of Disbursement 11 / 01 / 2004
Mailing Address 212 Hayward Ave #204		Amount of Each Disbursement this Period 309.40
City Ames State IA Zip Code 50014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OCT 16-31 WAGES	Candidate Name	OCT 16-31 WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Melissa McArthur		Transaction ID: 41117.E3148 Date of Disbursement 11 / 16 / 2004
Mailing Address 212 Hayward Ave #204		Amount of Each Disbursement this Period 283.52
City Ames State IA Zip Code 50014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BAL ON NOV WAGES	Candidate Name	BAL ON NOV WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	902.32
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. McCarthy Marcus Hennings Limited		Transaction ID: 41025.E3095 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 4
Mailing Address 1850 M Street, NW Suite 235		Amount of Each Disbursement this Period 28387.47
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA PRODUCTION COSTS	Candidate Name	MEDIA PRODUCTION COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McCarthy Marcus Hennings Limited		Transaction ID: 41117.E3115 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 1850 M Street, NW Suite 235		Amount of Each Disbursement this Period 12252.53
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA PRODUCTION	Candidate Name	MEDIA PRODUCTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mentzer Media Services		Transaction ID: 41016.E3077 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 600 Fairmount Ave. Suite 306		Amount of Each Disbursement this Period 86392.00
City Towson State MD Zip Code 21286-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TV RADIO PRINT SPOTS	Candidate Name	TV RADIO PRINT SPOTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	127032.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 68

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Mentzer Media Services		Transaction ID: 41117.E3124 Date of Disbursement 10 / 25 / 2004
Mailing Address 600 Fairmount Ave. Suite 306		Amount of Each Disbursement this Period 189399.00
City Towson State MD Zip Code 21286-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TV/RADIO/PRINT	Candidate Name	TV/RADIO/PRINT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mentzer Media Services		Transaction ID: 41117.E3125 Date of Disbursement 10 / 28 / 2004
Mailing Address 600 Fairmount Ave. Suite 306		Amount of Each Disbursement this Period 9564.00
City Towson State MD Zip Code 21286-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FINAL PYMT FOR MEDIA SPOTS	Candidate Name	FINAL PYMT FOR MEDIA SPOTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pioneer PAC		Transaction ID: 41023.C12554IK Date of Disbursement 10 / 22 / 2004
Mailing Address 1155 21st St NS, Ste 300		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAILER & ALL ASSOCIATED FEES	Candidate Name	IN KIND: MAILER & ALL ASSOCIATED FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	203963.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Power PAC - Edison Electric Institute		Transaction ID: 41030.C12664IK Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 701 Pennsylvania Ave. NW		Amount of Each Disbursement this Period 258.50
City Washington State DC Zip Code 20004-2696	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOSTED LUNCHEON	Candidate Name	IN KIND: HOSTED LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Qwest Communications		Transaction ID: 41013.E3057 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address Political Accounts 70 West 4th St., 1st Floor		Amount of Each Disbursement this Period 650.91
City Saint Paul State MN Zip Code 55102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN PHONES	Candidate Name	CAMPAIGN PHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Qwest Communications		Transaction ID: 41117.E3140 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address Political Accounts 70 West 4th St., 1st Floor		Amount of Each Disbursement this Period 692.63
City Saint Paul State MN Zip Code 55102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN PHONES	Candidate Name	CAMPAIGN PHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1602.04
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Republican Party Of Iowa		Transaction ID: 41025.E3097 Date of Disbursement 10 / 24 / 2004
Mailing Address 621 E. 9th St.		Amount of Each Disbursement this Period 1181.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50309-		
Purpose of Disbursement POSTAGE	Category/ Type	POSTAGE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. William J. Rogers		Transaction ID: 41016.E3075 Date of Disbursement 10 / 15 / 2004
Mailing Address 3103 University Ave #5		Amount of Each Disbursement this Period 1556.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50311-		
Purpose of Disbursement OCT 1-15 WAGES	Category/ Type	OCT 1-15 WAGES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. William J. Rogers		Transaction ID: 41117.E3121 Date of Disbursement 11 / 01 / 2004
Mailing Address 3103 University Ave #5		Amount of Each Disbursement this Period 1556.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50311-		
Purpose of Disbursement OCT 16-31 WAGES	Category/ Type	OCT 16-31 WAGES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4295.57
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. William J. Rogers		Transaction ID: 41117.E3122 Date of Disbursement 11 / 01 / 2004
Mailing Address 3103 University Ave #5		Amount of Each Disbursement this Period 313.17
City Des Moines State IA Zip Code 50311-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 41202.E3188 Date of Disbursement 11 / 01 / 2004
Mailing Address 1333 Buckeye Road		Amount of Each Disbursement this Period 211.70
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TABLE ETHERNET CABLE ETC	Candidate Name	[MEMO ITEM] MEMO: TABLE ETHERNET CABLE ETC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. William J. Rogers		Transaction ID: 41117.E3149 Date of Disbursement 11 / 16 / 2004
Mailing Address 3103 University Ave #5		Amount of Each Disbursement this Period 1556.84
City Des Moines State IA Zip Code 50311-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NOV 1-15 WAGES	Candidate Name	NOV 1-15 WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1870.01
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. William J. Rogers		Transaction ID: 41117.E3156 Date of Disbursement 11 / 17 / 2004
Mailing Address 3103 University Ave #5		Amount of Each Disbursement this Period 36.35
City Des Moines State IA Zip Code 50311-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS FOR CAMPAIGN WORKERS		MEALS FOR CAMPAIGN WORKERS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Elizabeth Severson		Transaction ID: 41117.E3123 Date of Disbursement 11 / 01 / 2004
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 1425.94
City Belmont State IA Zip Code 50421-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OCT 1-31 WAGES		OCT 1-31 WAGES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Elizabeth Severson		Transaction ID: 41117.E3141 Date of Disbursement 11 / 09 / 2004
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 18.28
City Belmont State IA Zip Code 50421-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE		POSTAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1480.57
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Sigler Companies Full Name (Last, First, Middle Initial) Mailing Address 413 Northwestern P.O. Box 887 City Ames State IA Zip Code 50010- Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41013.E3051 Date of Disbursement 10 / 15 / 2004 Amount of Each Disbursement this Period 7155.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
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B. Coldwater Golf Links Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1969 City Ames State IA Zip Code 50010- Purpose of Disbursement RENTAL FOR FRIST FUNDRAISER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41013.E3054 Date of Disbursement 10 / 15 / 2004 Amount of Each Disbursement this Period 472.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: RENTAL FOR FRIST FU- NDRAISER
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C. Sigler Companies Full Name (Last, First, Middle Initial) Mailing Address 413 Northwestern P.O. Box 887 City Ames State IA Zip Code 50010- Purpose of Disbursement MONTHLY FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 41013.E3052 Date of Disbursement 10 / 15 / 2004 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MONTHLY FEES
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	7155.16
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Sigler Companies		Transaction ID: 41013.E3053 Date of Disbursement 10 / 15 / 2004
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 2332.04
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING /MAILING COSTS	Candidate Name	[MEMO ITEM] MEMO: PRINTING /MAILING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sigler Companies		Transaction ID: 41117.E3142 Date of Disbursement 11 / 09 / 2004
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 3500.00
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OCT 2004 FUNDRAISING FEES	Candidate Name	OCT 2004 FUNDRAISING FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Tarrance Group, Inc.		Transaction ID: 41117.E3116 Date of Disbursement 11 / 01 / 2004
Mailing Address 201 N Union St Ste 410		Amount of Each Disbursement this Period 4600.00
City Alexandria State VA Zip Code 22314-2649	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TWO VOTER SURVEYS	Candidate Name	TWO VOTER SURVEYS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Treasurer, State of Iowa		Transaction ID: 41030.E3111 Date of Disbursement 10 / 29 / 2004
Mailing Address PO Box 10411		Amount of Each Disbursement this Period 1007.89
City Des Moines State IA Zip Code 50306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 3RD QTR - 2004 STATE W/H	Candidate Name	3RD QTR - 2004 STATE W/H
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Post Office		Transaction ID: 41027.E3109 Date of Disbursement 10 / 26 / 2004
Mailing Address 115 1st ST NE		Amount of Each Disbursement this Period 30.80
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 41025.E3094 Date of Disbursement 10 / 24 / 2004
Mailing Address 777 Big Timber Rd		Amount of Each Disbursement this Period 67.40
City Elgin State IL Zip Code 60123-1488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE - WR	Candidate Name	CELL PHONE - WR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1106.09
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial)

A. Waste Management

Mailing Address 210 Freel Dr.

City State Zip Code
Ames IA 50010-6512

Purpose of Disbursement
UTILITIES FOR CAMPAIGN HQ

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 41117.E3143

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		0	9		2	0	0	4

Amount of Each Disbursement this Period

65.14

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

UTILITIES FOR CAMPAIGN HQ

SUBTOTAL of Disbursements This Page (optional)

65.14

TOTAL This Period (last page this line number only)

409187.71

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Max Burns For Congress		Transaction ID: 41027.E3101 Date of Disbursement 10 / 26 / 2004
Mailing Address 121 North Main St.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 contribution
City Sylvania State GA Zip Code 30467-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Phil Crane For Congress		Transaction ID: 41027.E3103 Date of Disbursement 10 / 26 / 2004
Mailing Address 220 S. Main St.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 contribution
City Wauconda State IL Zip Code 60084-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sam Graves For Congress		Transaction ID: 41027.E3104 Date of Disbursement 10 / 26 / 2004
Mailing Address P.O. Box 34744		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 contribution
City Kansas City State MO Zip Code 64116-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

Full Name (Last, First, Middle Initial) A. Cathy McMorris For Congress		Transaction ID: 41027.E3107 Date of Disbursement 10 / 26 / 2004
Mailing Address 301 West Main Ave.		Amount of Each Disbursement this Period 1000.00
City Spokane State WA Zip Code 99201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name		contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Richard Burr Committee		Transaction ID: 41027.E3102 Date of Disbursement 10 / 26 / 2004
Mailing Address P.O. Box 5928 615Coliseum Dr.		Amount of Each Disbursement this Period 1000.00
City Winston Salem State NC Zip Code 27113-5928	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name		contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rob Simmons For Congress		Transaction ID: 41027.E3105 Date of Disbursement 10 / 26 / 2004
Mailing Address P.O. Box 268, Drawer 271		Amount of Each Disbursement this Period 1000.00
City Stonington State CT Zip Code 06378-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name		contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Latham For Congress

A. Full Name (Last, First, Middle Initial)
Stan Thompson For Congress

Mailing Address 5523 Grand Ave

City Des Moines State IA Zip Code 50312-

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: District:

Transaction ID: 41027.E3106
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

contribution

B. Full Name (Last, First, Middle Initial)
Heather Wilson For Congress

Mailing Address 6001 San Mateo Blvd NE Suite #B1

City Albuquerque State NM Zip Code 87109-

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: District:

Transaction ID: 41027.E3108
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

contribution

SUBTOTAL of Disbursements This Page (optional) ►

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