

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Latham For Congress

ADDRESS (number and street) P.O. Box 71

Check if different than previously reported. (ACC) Clarion IA 50525

2. **FEC IDENTIFICATION NUMBER** C00287045

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A) IA 04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(c) 30-Day **POST**-Election Report for the:

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2004 through 03 31 2004

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

Type or Print Name of Treasurer Robert W. Brinton

Signature of Treasurer Electronically Filed by Robert W. Brinton Date 02 08 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Latham For Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	73100.00	567607.25
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2102.04
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	73100.00	565505.21
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	55759.62	258119.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	181.00	2299.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55578.62	255819.74
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>428098.43</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>1586.17</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Latham For Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	4

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

12100.00

140521.50

(ii) Unitemized.....

3000.00

8885.75

(iii) TOTAL of contributions

15100.00

149407.25

from individuals..... ▶

0.00

3544.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

58000.00

414656.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

73100.00

567607.25

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

181.00

2299.50

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

851.98

4184.72

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

74132.98

574091.47

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	55759.62	258119.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	27.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2075.04
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2102.04
21. OTHER DISBURSEMENTS.....	1000.00	1000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	56759.62	261221.28

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	410725.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	74132.98
25. SUBTOTAL (add Line 23 and Line 24).....	484858.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56759.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	428098.43

**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 5 / 49
	<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)  
Action Committee - Rural Electrification

Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

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  
03 / 12 / 2004

**Transaction ID:** 0407200450C10857

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)  
Agricultural Retailers Assoc. PAC

Mailing Address 1156 15th St NW Ste 302

City State Zip Code  
Washington DC 20005-1745

FEC ID number of contributing federal political committee. **C** C00264770

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  
03 / 16 / 2004

**Transaction ID:** 0407200450C10847

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)  
Agua Caliente Band of Cahuilla Indians

Mailing Address 600 East Tahquitz Canyon Way

City State Zip Code  
Palm Springs CA 92262

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  
02 / 13 / 2004

**Transaction ID:** 0322200443C10808

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 6 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Allianz Life Ins. Co PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2004
Mailing Address 591 Redwood Hwy Ste 4000		Transaction ID: 0407200450C10890
City State Zip Code Mill Valley CA 94941-3039	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00095109	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Altria Group PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2004
Mailing Address 120 Park Avenue		Transaction ID: 0407200450C10892
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00089136	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Altria Group PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2004
Mailing Address 120 Park Avenue		Transaction ID: 0407200450C10889
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00089136	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> 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 7 / 49
	(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.** American Bankers Assn BankPAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

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
0	3	/	1	6	/	2	0	0	4

**Transaction ID:** 0407200450C10858

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.** American College of Radiology-RADPAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

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
0	3	/	1	2	/	2	0	0	4

**Transaction ID:** 0407200450C10872

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 Crystal Sugar PAC

Full Name (Last, First, Middle Initial)  
Mailing Address Kevin Price, Chr  
101 N 3rd St

City Moorhead State MN Zip Code 56560

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

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
0	3	/	2	2	/	2	0	0	4

**Transaction ID:** 0407200450C10877

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> 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 8 / 49
	(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)  
American Hospital Assoc. PAC

Mailing Address 325 7th St NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

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  
03 / 10 / 2004

**Transaction ID:** 0407200450C10873

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)  
American Maritime Officers

Mailing Address Voluntary Political Action Fund  
650 Fourth Avenue

City Brooklyn State NY Zip Code 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 ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2004

**Transaction ID:** 0407200450C10842

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)  
American Meat Institute PAC

Mailing Address 1700 N Moore St. Ste 1600

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00024281

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  
03 / 16 / 2004

**Transaction ID:** 0407200450C10859

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 9 / 49
	(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)  
American Veterinary Medical Assn PAC

Mailing Address 1910 Sunderland PI NW

City Washington State DC Zip Code 20036-1608

FEC ID number of contributing federal political committee. **C** C00114132

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  
0 2 / 1 2 / 2 0 0 4

Transaction ID: 0407200450C10861

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)  
Brown & Williamson Tobacco Employee PAC

Mailing Address PO Box 35090

City Louisville State KY Zip Code 40232

FEC ID number of contributing federal political committee. **C** C00087791

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

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

Transaction ID: 0407200450C10878

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
BSNF RAILPAC-Burlington Northern Santa F

Mailing Address Box 961039

City Fort Worth State TX Zip Code 76102-0039

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 0407200450C10891

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) ..... ▶ **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 10 / 49
	<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)  
Build PAC- Natl Assn of Home Builders

Mailing Address Natl Assn of Home Builders  
1201 15th St NW

City Washington State DC Zip Code 20005-2800

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date 7500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2004

**Transaction ID:** 0407200450C10841

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)  
Cargill Incorporated PAC

Mailing Address PO Box 9300

City Minneapolis State MN Zip Code 55440-9300

FEC ID number of contributing federal political committee. **C** C00067884

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2004

**Transaction ID:** 0407200450C10829

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)  
CH2M Hill Companies Ltd. PAC

Mailing Address 9191 S Jamaica St

City Englewood State CO Zip Code 80112-5946

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2004

**Transaction ID:** 0407200450C10894

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 11 / 49
	<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)  
College of American Pathologists PAC

Mailing Address 1350 I St NW Ste 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2004

Transaction ID: 0407200450C10871

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)  
ConAgra Good Government Assoc.

Mailing Address One ConAgra Dr

City Omaha State NE Zip Code 68102-5501

FEC ID number of contributing federal political committee. **C** C00087874

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2004

Transaction ID: 0407200450C10860

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)  
CropLife America PAC

Mailing Address 1156 15th St NW #400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00248849

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2004

Transaction ID: 0407200450C10831

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 / 49
	(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) <b>A. Dealers Election Action Committee of</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2004
Mailing Address The National Automobile Dealers Ass 8400 Westpark Drive		Transaction ID: 0407200450C10879
City State Zip Code Mc Lean VA 22102	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00040998		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Dorsey National Fund</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2004
Mailing Address 50 South Sixth Street		Transaction ID: 0407200450C10862
City State Zip Code Minneapolis MN 55402	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Occupation  Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. EGGPAC-United Egg Assn PAC</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2004
Mailing Address 1720 Windword Concourse Ste 230		Transaction ID: 0407200450C10836
City State Zip Code Alpharetta GA 30005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00172841		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 / 49
	(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)  
Eli Lilly & Co PAC

Mailing Address Lilly Corporate Center

City Indianapolis State IN Zip Code 46285

FEC ID number of contributing federal political committee. **C** C00082792

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  
0 1 / 2 2 / 2 0 0 4

Transaction ID: 0322200443C10783

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 ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 4

Transaction ID: 0407200450C10843

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)  
Exxon Mobil Corporation PAC

Mailing Address 5959 Las Colinas Blvd.

City Irving State TX Zip Code 75039-2298

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  
0 3 / 1 5 / 2 0 0 4

Transaction ID: 0407200450C10863

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 14 / 49
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) FPL PAC-Florida Power & Light Co		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2004	
Mailing Address 700 Universe Blvd. PO Box 14000		<b>Transaction ID:</b> 0407200450C10875	
City Juno Beach State FL Zip Code 33408-0420		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00064774		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Election Cycle-to-Date 10000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Future Leaders PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2004	
Mailing Address 1155 21st Street N.W. Suite 300		<b>Transaction ID:</b> 0407200450C10874	
City Washington State DC Zip Code 20036		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) General Electric PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2004	
Mailing Address 1299 Pennsylvania Ave NW Ste 1100		<b>Transaction ID:</b> 0407200450C10865	
City Washington State DC Zip Code 20004-2414		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00024869		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	11000.00
<b>TOTAL</b> 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 15 / 49
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) H.J. Heinz Company PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2004
Mailing Address 600 Grant St Fl 60 USX Tower, 60th Floor		<b>Transaction ID:</b> 0407200450C10867
City Pittsburgh State PA Zip Code 15219-2714	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00336040		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ICBPAC/Independent Bankers PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2004
Mailing Address 1 Thomas Cir NW Ste 400		<b>Transaction ID:</b> 0407200450C10895
City Washington State DC Zip Code 20005-5802	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00032698		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ice Cream Milk & Cheese PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2004
Mailing Address Kristin Wilcox 1250 H St NW Ste 900		<b>Transaction ID:</b> 0407200450C10828
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00128231		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 16 / 49
	<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)  
ING US PAC

Mailing Address PO BOX 105006

City Atlanta State GA Zip Code 30346-5006

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  
 03 / 02 / 2004

**Transaction ID:** 0407200450C10866

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)  
Lewis For Congress

Mailing Address P.O. Box 247

City Redlands State CA Zip Code 92373

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  
 03 / 16 / 2004

**Transaction ID:** 0407200450C10868

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 Chicken Council PAC

Mailing Address 1015 15th St NW Ste 930

City Washington State DC Zip Code 20005-2622

FEC ID number of contributing federal political committee. **C** C00034272

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  
 03 / 09 / 2004

**Transaction ID:** 0407200450C10870

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 17 / 49
	(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) <b>A. Natl Cotton Council</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2004
Mailing Address Committee for Advancement of Cotto P.O. Box 820292		Transaction ID: 0407200450C10827
City Memphis	State TN	Zip Code 38182
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)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. NSSGA ROCKPAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2004
Mailing Address 1605 King Street		Transaction ID: 0407200450C10880
City Alexandria	State VA	Zip Code 22314
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)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Pork PAC / Natl Pork Producers</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2004
Mailing Address P.O. Box 10383 122 CSt, Nw, Suite 875		Transaction ID: 0407200450C10896
City Des Moines	State IA	Zip Code 50306
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)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 49
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Praxair PAC Mailing Address PO Box 2958 City Danbury State CT Zip Code 06813-2958 FEC ID number of contributing federal political committee. <b>C</b>		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>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 0407200450C10897 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	0	3		3	1		2	0	0	4	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	4														
1000.00																							
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other Election Cycle-to-Date <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																					
2000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) PRINPAC-Principal Financial Grp Mailing Address 711 High St City Des Moines State IA Zip Code 50392-0001 FEC ID number of contributing federal political committee. <b>C</b> C00128918		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>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 0407200450C10898 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	0	3		3	1		2	0	0	4	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	4														
1000.00																							
Name of Employer Occupation Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Other Election Cycle-to-Date <table border="1"> <tr> <td>3000.00</td> </tr> </table>		3000.00																					
3000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Rockwell Collins Good Government Mailing Address 1300 Wilson Blvd Ste 200 City Arlington State VA Zip Code 22209-2307 FEC ID number of contributing federal political committee. <b>C</b> C00365684		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>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 0407200450C10881 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	0	3		1	7		2	0	0	4	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	7		2	0	0	4														
500.00																							
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other Election Cycle-to-Date <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> 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 19 / 49
	<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)  
Southern Company Employees PAC

Mailing Address 601 Pennsylvania Ave NW Ste 800

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00144774

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  
03 / 31 / 2004

Transaction ID: 0407200450C10900

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)  
Syngenta Corporation PAC

Mailing Address 2 Righter Parkway  
P.O. Box 15458

City Wilmington State DE Zip Code 19850-5458

FEC ID number of contributing federal political committee. **C** C00363945

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  
03 / 08 / 2004

Transaction ID: 0407200450C10830

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)  
TARPAC-TV & Radio

Mailing Address National Assoc of Broadcasters  
Rae Ann Bevington

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

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  
03 / 31 / 2004

Transaction ID: 0407200450C10899

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 20 / 49	
	(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

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

NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
The Titon Corporation PAC

Mailing Address 3033 Science Park Rd.

City	State	Zip Code
San Diego	CA	92121

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  
 0 2 / 2 7 / 2 0 0 4

**Transaction ID:** 0407200450C10834

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>58000.00</b>

# 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 / 49
	<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)  
Thomas Beddow

Mailing Address 801 15th St. S, Apt 1302

City Arlington State VA Zip Code 22202-5022

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

Name of Employer 3M Occupation Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2004

Transaction ID: 0407200450C10848

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)  
Sandra Blodgett

Mailing Address 1225 N Shore Dr

City Clear Lake State IA Zip Code 50428-1233

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2004

Transaction ID: 0322200443C10784

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 Bockorny

Mailing Address 7765 Fisher Island Dr.

City Miami State FL Zip Code 33109

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

Name of Employer Bergner,Bockrony,Castagnetti,H Occupation Lobbyist

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2004

Transaction ID: 0407200450C10846

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) ..... ► **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 / 49
	<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)  
Bill Brewster

Mailing Address PO Box 459

City State Zip Code  
Batesville TX 78829-0459

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

Name of Employer Capitol Hill Consulting Occupation Chairman

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2004

Transaction ID: 0407200450C10849

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)  
Robert Brinton

Mailing Address 227 1st Ave NE

City State Zip Code  
Clarion IA 50525

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

Name of Employer Brinton & Bordwell Occupation Lawyer

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2004

Transaction ID: 0322200443C10787

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)  
William Brown

Mailing Address 4577 280th St

City State Zip Code  
Graettinger IA 51342-8519

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

Name of Employer Energy Panel Structures Occupation V.P.

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2004

Transaction ID: 0407200450C10825

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) ..... ► **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: <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 type="checkbox"/> 15	PAGE 23 / 49
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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Paul Cambon

Mailing Address 908 Croton Drive

City State Zip Code  
Alexandria VA 22308

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

Name of Employer Jones Walker Occupation Government relations

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2004

Transaction ID: 0407200450C10850

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)  
Ann Clark

Mailing Address 9273 Lerwick Dr

City State Zip Code  
Dublin OH 43017

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2004

Transaction ID: 0407200450C10851

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)  
Chris Clover

Mailing Address 502 N Center St.

City State Zip Code  
Marshalltown IA 50158

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

Name of Employer Fakespace Corp. Occupation CEO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2004

Transaction ID: 0407200450C10852

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 / 49
	<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)  
Thomas Davis

Mailing Address 1455 Pennsylvania Ave NW  
Suite 1200

City Washington State DC Zip Code 20004

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

Name of Employer Davis & Harman Occupation Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2004

Transaction ID: 0407200450C10853

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)  
D. Robert Downing

Mailing Address 8489 Highway 65/69

City Indianola State IA Zip Code 50125

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

Name of Employer Self-Employed Occupation Construction

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2004

Transaction ID: 0407200450C10883

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Ervin

Mailing Address 116 Queen St.

City Alexandria State VA Zip Code 22314

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

Name of Employer ETA Occupation President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2004

Transaction ID: 0407200450C10854

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) ..... ► 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 / 49
	<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)  
James Gashel

Mailing Address 1308 E. 36th St.

City State Zip Code  
Baltimore MD 21218

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

Name of Employer  
Natl Fed of the Blind

Occupation  
Director

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2004

**Transaction ID:** 0407200450C10864

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)  
Gerald M. Krike

Mailing Address 417 Locust St.

City State Zip Code  
Des Moines IA 50309

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

Name of Employer  
Self-Employed

Occupation  
Financial Planner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2004

**Transaction ID:** 0407200450C10824

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)  
Larry Lepper

Mailing Address 303 N 14th St

City State Zip Code  
Indianola IA 50125-1643

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

Name of Employer  
CemenTech

Occupation  
Management

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2004

**Transaction ID:** 0407200450C10885

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) ..... ► **2200.00**

**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 / 49
	<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 Lowery

Mailing Address 812 East Capitol Sr. NE

City Washington State DC Zip Code 20003

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2004

Transaction ID: 0407200450C10869

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)  
Robert Malloy

Mailing Address PO Box 128

City Goldfield State IA Zip Code 50542-0128

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2004

Transaction ID: 0322200443C10794

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)  
Steven McCullough

Mailing Address 843 26th St

City West Des Moines State IA Zip Code 50265-3262

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

Name of Employer Iowa Student Loan Corp Occupation CEO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2004

Transaction ID: 0322200443C10782

Amount of Each Receipt this Period  
350.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> 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 / 49
	<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)  
Herbert Ohrt

Mailing Address 11 Valley View PI NE

City State Zip Code  
Iowa City IA 52240-9139

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

Name of Employer Occupation  
Stanley Consultants, Inc. VICE PRESIDENT

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

500.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2004

Transaction ID: 0322200443C10818

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)  
Hans Rosacker

Mailing Address 18299 Erin Bay

City State Zip Code  
Eden Prairie MN 55347-2169

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

Name of Employer Occupation  
Perennial Strategy Group Consultant

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

750.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2004

Transaction ID: 0407200450C10855

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)  
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) ▼

200.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2004

Transaction ID: 0407200450C10886

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) ..... ► **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 28 / 49
	<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)  
Timothy Sanders

Mailing Address 300 Independence Ave SE

City Washington State DC Zip Code 20003-1041

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

Name of Employer Cornerstone Government Affairs Occupation Upper Management

Receipt For: 2004 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1750.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2004

Transaction ID: 0407200450C10845

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)  
Ralph Schlenker

Mailing Address 12841 Fulton St

City Indianola State IA Zip Code 50125-8921

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

Name of Employer retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2004

Transaction ID: 0407200450C10887

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 499 South Capital St. SW Suite 600

City Washington State DC Zip Code 20003

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

Name of Employer The Livingston Group Occupation President

Receipt For: 2004 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2004

Transaction ID: 0407200450C10856

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	12100.00

**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 29 / 49
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> First Citizens National Bank Mailing Address P.O. Box 268 City State Zip Code Clarion IA 50525-		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 4 Transaction ID: 0322200443C10781 Amount of Each Receipt this Period 291.15
FEC ID number of contributing federal political committee. <b>C</b>		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2030.95	

Full Name (Last, First, Middle Initial) <b>B.</b> First Citizens National Bank Mailing Address P.O. Box 268 City State Zip Code Clarion IA 50525-		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 4 Transaction ID: 0322200443C10822 Amount of Each Receipt this Period 267.58
FEC ID number of contributing federal political committee. <b>C</b>		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2298.53	

Full Name (Last, First, Middle Initial) <b>C.</b> First Citizens National Bank Mailing Address P.O. Box 268 City State Zip Code Clarion IA 50525-		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 4 Transaction ID: 0408200415C10902 Amount of Each Receipt this Period 293.25
FEC ID number of contributing federal political committee. <b>C</b>		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer  Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2591.78	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>851.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>851.98</b>

**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) <b>A. Aristotle</b>		<b>Transaction ID: 0108200429E2746</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 4
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 3750.00
City Washington State DC Zip Code 20003-1164	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 2004 SUPPORT \$1000 CONVERSN	Candidate Name	2004 SUPPORT \$1000 CONVERSN
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>B. Bank Card Services</b>		<b>Transaction ID: 0108200429E2743</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 4
Mailing Address Security Natl Bank Payment Processing		Amount of Each Disbursement this Period 322.55
City Milwaukee State WI Zip Code 53288-0200	<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>C. Bank Card Services</b>		<b>Transaction ID: 0108200429E2744</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 4
Mailing Address Security Natl Bank Payment Processing		Amount of Each Disbursement this Period 36.00
City Milwaukee State WI Zip Code 53288-0200	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL FEE 3 CARDS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: ANNUAL FEE 3 CARDS
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4072.55
<b>TOTAL</b> 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><b>A. Network Solutions</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 10 Azalea Drive</p>		<p><b>Transaction ID:</b> 0108200429E2745 <b>Date of Disbursement</b> 01 / 03 / 2004</p>
<p>City Drums State PA Zip Code 18222-</p>	<p>Purpose of Disbursement FINAL PAY ON DOMAIN NAMES</p>	<p>Amount of Each Disbursement this Period 286.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>[MEMO ITEM]</b> MEMO: FINAL PAY ON DOMAIN NAMES</p>		

<p><b>B. Bank Card Services</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address Security Natl Bank Payment Processing</p>		<p><b>Transaction ID:</b> 0322200443E2744 <b>Date of Disbursement</b> 02 / 02 / 2004</p>
<p>City Milwaukee State WI Zip Code 53288-0200</p>	<p>Purpose of Disbursement SEE BELOW</p>	<p>Amount of Each Disbursement this Period 212.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>SEE BELOW</b></p>		

<p><b>C. Kinkos</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 10201 University Ave</p>		<p><b>Transaction ID:</b> 0322200443E2693 <b>Date of Disbursement</b> 02 / 02 / 2004</p>
<p>City Clive State IA Zip Code 50325-</p>	<p>Purpose of Disbursement NOMINATION FORMS</p>	<p>Amount of Each Disbursement this Period 127.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p><b>[MEMO ITEM]</b> MEMO: NOMINATION FORMS</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>212.28</p>
<p><b>TOTAL</b> 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)

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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) <b>A. US Post Office</b>		<b>Transaction ID:</b> 0322200443E779 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 4
Mailing Address 525 Kellogg Ave		Amount of Each Disbursement this Period 85.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
City Ames State IA Zip Code 50010-9998		
Purpose of Disbursement POSTAGE Candidate Name	Category/Type	
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>B. Bank Card Services</b>		<b>Transaction ID:</b> 0322200443E2760 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 4
Mailing Address Security Natl Bank Payment Processing		Amount of Each Disbursement this Period 1761.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
City Milwaukee State WI Zip Code 53288-0200		
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	
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>C. America West Airlines</b>		<b>Transaction ID:</b> 0407200452E2775 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 4
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 446.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL TO PHOENIX MEETING
City Phoenix State AZ Zip Code 85034-		
Purpose of Disbursement TRAVEL TO PHOENIX MEETING Candidate Name	Category/Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1761.65
<b>TOTAL</b> 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) <b>A. The Congressional Institute</b>		<b>Transaction ID:</b> 0407200452E2776 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 4
Mailing Address 316 Pennsylvania Ave. SE #403		Amount of Each Disbursement this Period 1277.00
City Washington State DC Zip Code 20003-1146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REP. PLANNING CONF	Candidate Name	<b>[MEMO ITEM]</b> MEMO: REP. PLANNING CONF
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>B. Bogart Associates</b>		<b>Transaction ID:</b> 0108200429E2738 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 6900.00
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	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) <b>C. Bogart Associates</b>		<b>Transaction ID:</b> 0108200429E2739 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 4
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 1302.51
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 CATERING POSTAGEFOR FUNDRSNG	Candidate Name	CATERING POSTAGEFOR FUNDRSNG
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8202.51</b>
<b>TOTAL</b> 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 34 / 49

<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) <b>A. Bogart Associates</b>		<b>Transaction ID:</b> 0130200430E2760 Date of Disbursement 01 / 27 / 2004
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement COMMISSIONS 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) ▼	COMMISSIONS

Full Name (Last, First, Middle Initial) <b>B. Robert Brinton</b>		<b>Transaction ID:</b> 0322200443E2752 Date of Disbursement 03 / 01 / 2004
Mailing Address 227 1st Ave NE		Amount of Each Disbursement this Period 89.13 <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 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) ▼	SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Robert Brinton</b>		<b>Transaction ID:</b> 0407200452E2777 Date of Disbursement 03 / 31 / 2004
Mailing Address 227 1st Ave NE		Amount of Each Disbursement this Period 400.00 <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 MILEAGE LUNCH 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) ▼	MILEAGE LUNCH

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>739.13</b>
<b>TOTAL</b> 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 35 / 49

<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) <b>A. Budget Storage</b>		<b>Transaction ID:</b> 011520049E2751 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 4
Mailing Address 60 E. Venture Drive		Amount of Each Disbursement this Period 68.90
City Waukee State IA Zip Code 50263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE Candidate Name	Category/Type	STORAGE
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>B. Budget Storage</b>		<b>Transaction ID:</b> 0322200443E771 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 4
Mailing Address 60 E. Venture Drive		Amount of Each Disbursement this Period 68.90
City Waukee State IA Zip Code 50263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE Candidate Name	Category/Type	STORAGE
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>C. Budget Storage</b>		<b>Transaction ID:</b> 0322200443E2756 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 4
Mailing Address 60 E. Venture Drive		Amount of Each Disbursement this Period 68.90
City Waukee State IA Zip Code 50263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE Candidate Name	Category/Type	STORAGE
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	206.70
<b>TOTAL</b> 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) <b>A. First Citizens National Bank</b>		<b>Transaction ID: 0120200416E2757</b> Date of Disbursement 01 / 19 / 2004
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 84.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  2003 FUTA
City Clarion State IA Zip Code 50525-	Purpose of Disbursement 2003 FUTA Candidate Name Category/Type	
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>B. First Citizens National Bank</b>		<b>Transaction ID: 0322200443E2747</b> Date of Disbursement 01 / 30 / 2004
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 31.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  JAN SER CHG
City Clarion State IA Zip Code 50525-	Purpose of Disbursement JAN SER CHG Candidate Name Category/Type	
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>C. First Citizens National Bank</b>		<b>Transaction ID: 0322200443E2692</b> Date of Disbursement 02 / 02 / 2004
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 279.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  941 DEPOSIT
City Clarion State IA Zip Code 50525-	Purpose of Disbursement 941 DEPOSIT Candidate Name Category/Type	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	396.62
<b>TOTAL</b> 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 37 / 49

<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) <b>A. First Citizens National Bank</b>		<b>Transaction ID:</b> 0322200443E2766 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 4
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 49.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FEB S/C
City Clarion State IA Zip Code 50525-		
Purpose of Disbursement FEB S/C	Category/ Type	
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>B. First Citizens National Bank</b>		<b>Transaction ID:</b> 0322200443E2757 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 4
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 227.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  941 DEPOSIT
City Clarion State IA Zip Code 50525-		
Purpose of Disbursement 941 DEPOSIT	Category/ Type	
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>C. First Citizens National Bank</b>		<b>Transaction ID:</b> 0322200443E2761 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 4
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 237.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  2003 1120-POL TAX
City Clarion State IA Zip Code 50525-		
Purpose of Disbursement 2003 1120-POL TAX	Category/ Type	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	513.64
<b>TOTAL</b> 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) <b>A. First Citizens National Bank</b>		Transaction ID: 0408200415E2782 Date of Disbursement 03 / 31 / 2004
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 14.28
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 MAR S/C	Candidate Name	MAR S/C
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>B. IA Workforce Development</b>		Transaction ID: 0120200416E2756 Date of Disbursement 01 / 19 / 2004
Mailing Address 1000 East Grand Avenue		Amount of Each Disbursement this Period 255.71
City Des Moines State IA Zip Code 50309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 4TH QTR/2003 UNEMPLOYMENT TAX	Candidate Name	4TH QTR/2003 UNEMPLOYMENT TAX
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>C. Thomas Latham</b>		Transaction ID: 0322200443E2748 Date of Disbursement 02 / 12 / 2004
Mailing Address 2218 Ironwood Ct.		Amount of Each Disbursement this Period 895.30
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 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1165.29
<b>TOTAL</b> 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) <b>A. Federal Express</b>		Transaction ID: 0322200443E2749 Date of Disbursement MM / DD / YYYY 02 / 12 / 2004
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 895.30
City Memphis State TN Zip Code 38120-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL TO PHOENIX CONF Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL TO PHOENIX CONF
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>B. Liberty Mutual Insurance Group</b>		Transaction ID: 0130200430E2762 Date of Disbursement MM / DD / YYYY 01 / 27 / 2004
Mailing Address 75 Remittance Dr. Suite 1837		Amount of Each Disbursement this Period 510.00
City Chicago State IL Zip Code 60675-1837	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WORKMANS COMP INSURANCE Candidate Name	Category/Type	WORKMANS COMP INSURANCE
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>C. Lifetouch</b>		Transaction ID: 0108200429E2741 Date of Disbursement MM / DD / YYYY 01 / 03 / 2004
Mailing Address 404 North Main St.		Amount of Each Disbursement this Period 2741.85
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 XMAS CARDS Candidate Name	Category/Type	XMAS CARDS
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3251.85
<b>TOTAL</b> 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) <b>A. Midwest Airlines</b>		<b>Transaction ID:</b> 0407200452E2778 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 4
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 258.20
City State Zip Code Oak Creek WI 53154-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE FOR BOB TO DC	Candidate Name	AIRFARE FOR BOB TO DC
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>B. NRCC-Natl Republican Congressional Comm</b>		<b>Transaction ID:</b> 0108200429E2750 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 4
Mailing Address 323 1st St SE		Amount of Each Disbursement this Period 15000.00
City State Zip Code Washington DC 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ASSESSMENT	Candidate Name	ASSESSMENT
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>C. Clarke Scanlon</b>		<b>Transaction ID:</b> 0108200429E2748 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 4
Mailing Address 9525 Century Woods Circle		Amount of Each Disbursement this Period 911.16
City State Zip Code Johnston IA 50131-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY - DECEMBER	Candidate Name	SALARY - DECEMBER
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>16169.36</b>
<b>TOTAL</b> 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) <b>A. Clarke Scanlon</b>		<b>Transaction ID:</b> 0322200443E770 Date of Disbursement 02 / 02 / 2004
Mailing Address 9525 Century Woods Circle		Amount of Each Disbursement this Period 911.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnston State IA Zip Code 50131-	Purpose of Disbursement SALARY - JAN 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) ▼	SALARY - JAN

Full Name (Last, First, Middle Initial) <b>B. Clarke Scanlon</b>		<b>Transaction ID:</b> 0322200443E2755 Date of Disbursement 03 / 01 / 2004
Mailing Address 9525 Century Woods Circle		Amount of Each Disbursement this Period 911.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Johnston State IA Zip Code 50131-	Purpose of Disbursement SALARY - FEB 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) ▼	SALARY - FEB

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Severson</b>		<b>Transaction ID:</b> 0108200429E2747 Date of Disbursement 01 / 03 / 2004
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 343.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belmont State IA Zip Code 50421-	Purpose of Disbursement WAGES - DEC 03 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) ▼	WAGES - DEC 03

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2165.87
<b>TOTAL</b> 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) <b>A. Elizabeth Severson</b>		<b>Transaction ID:</b> 0322200443E2691 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 4
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 646.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belmont State IA Zip Code 50421-	Purpose of Disbursement WAGES -JAN 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) ▼	WAGES -JAN

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Severson</b>		<b>Transaction ID:</b> 0322200443E2758 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 4
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 79.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belmont State IA Zip Code 50421-	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) ▼	SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. PSI</b>		<b>Transaction ID:</b> 0322200443E2759 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 4
Mailing Address P.O. Box 263		Amount of Each Disbursement this Period 79.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belmont State IA Zip Code 50421-	Purpose of Disbursement PRINTER SUPPLY STAND 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) ▼	<b>[MEMO ITEM]</b> MEMO: PRINTER SUPPLY STAND

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>725.93</b>
<b>TOTAL</b> 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) <b>A. Elizabeth Severson</b>		<b>Transaction ID: 0322200443E2754</b> Date of Disbursement 03 / 01 / 2004
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 448.82
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 WAGES - FEB	Candidate Name	Category/ Type
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) ▼	WAGES - FEB

Full Name (Last, First, Middle Initial) <b>B. Sigler Companies</b>		<b>Transaction ID: 0108200429E2740</b> Date of Disbursement 01 / 02 / 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 NOV 2003 FEES	Candidate Name	Category/ Type
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) ▼	NOV 2003 FEES

Full Name (Last, First, Middle Initial) <b>C. Sigler Companies</b>		<b>Transaction ID: 0130200430E2763</b> Date of Disbursement 01 / 27 / 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 JAN FEES	Candidate Name	Category/ Type
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) ▼	JAN FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7448.82</b>
<b>TOTAL</b> 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) <b>A. Sigler Companies</b>		<b>Transaction ID:</b> 0130200430E2764 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 4
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 663.58 <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 XMAS CARDS Candidate Name Category/Type	
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) ▼	XMAS CARDS

Full Name (Last, First, Middle Initial) <b>B. Sigler Companies</b>		<b>Transaction ID:</b> 0322200443E2750 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 4
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 3500.00 <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 FEB FEES Candidate Name Category/Type	
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) ▼	FEB FEES

Full Name (Last, First, Middle Initial) <b>C. Simmservice</b>		<b>Transaction ID:</b> 0130200430E2759 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 4
Mailing Address PO Box 58		Amount of Each Disbursement this Period 3339.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Dodge State IA Zip Code 50501-	Purpose of Disbursement COMPUTER SERVER Candidate Name Category/Type	
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) ▼	COMPUTER SERVER

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7503.31
<b>TOTAL</b> 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) <b>A. Sylvester Management Corporation</b>		<b>Transaction ID:</b> 0130200430E2765 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 4
Mailing Address P.O. Box 986		Amount of Each Disbursement this Period 350.00
City Irmo State SC Zip Code 29063-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEC 2004 DC CANDIDATE CONF		FEC 2004 DC CANDIDATE CONF
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>B. Treasurer, State of Iowa</b>		<b>Transaction ID:</b> 0120200416E2755 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 4
Mailing Address PO Box 10411		Amount of Each Disbursement this Period 37.02
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 4THQ-2003 STATE W/H		4THQ-2003 STATE 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Treasurer, State of Iowa</b>		<b>Transaction ID:</b> 0322200443E2762 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 4
Mailing Address PO Box 10411		Amount of Each Disbursement this Period 105.00
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 2003 1120-TAX		2003 1120-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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	492.02
<b>TOTAL</b> 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) <b>A. US Post Office</b>		<b>Transaction ID:</b> 0322200443E2745 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 4
Mailing Address 525 Kellogg Ave		Amount of Each Disbursement this Period 159.10
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	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) <b>B. US Post Office</b>		<b>Transaction ID:</b> 0407200450E2768 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 4
Mailing Address 525 Kellogg Ave		Amount of Each Disbursement this Period 370.00
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	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) <b>C. United States Post Office</b>		<b>Transaction ID:</b> 70131.E4114 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 4
Mailing Address 115 1st ST NE		Amount of Each Disbursement this Period 6.29
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	535.39
<b>TOTAL</b> 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.** United States Post Office

Mailing Address 115 1st ST NE

City Clarion State IA Zip Code 50525-

Purpose of Disbursement  
POST OFFICE BOX - ONE YR

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 0130200430E2761

Date of Disbursement

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

Amount of Each Disbursement this Period

126.00
--------

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

POST OFFICE BOX - ONE YR

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

126.00

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

55688.92

**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 48 / 49

<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)  
Alice Forgy Kerr

Mailing Address P.O. Box 910988

City Lexington State KY Zip Code 40591-

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

Transaction ID: 0130200430E2766  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	1		2	7		2	0	0	4

Amount of Each Disbursement this Period

1000.00
---------

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

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

1000.00
---------

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

1000.00
---------



**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 49 / 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Latham For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank Card Services	Nature of Debt (Purpose): CREDIT CARD
Mailing Address Security Natl Bank Payment Processing	
City State ZIP Code Milwaukee WI 53288-0200	

Outstanding Balance Beginning This Period	<b>Transaction ID: LS0407200452E2780</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1586.17	0.00	1586.17

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1586.17
2) <b>TOTALS</b> This Period (last page this line number only).....	1586.17
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	