

# 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  
Becky Greenwald for Congress

ADDRESS (number and street) PO Box 608  
 Check if different than previously reported. (ACC) Perry IA 50220

2. **FEC IDENTIFICATION NUMBER** C00446872  
**CITY** **STATE** IA **ZIP CODE** 50220  
**STATE DISTRICT** IA 04  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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 06 03 2008 in the State of IA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 04 01 2008 through 05 14 2008

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 Don Ruby  
Signature of Treasurer Electronically Filed by Don Ruby Date 09 22 2008

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

Becky Greenwald for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	31660.13	55737.39
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	31660.13	55737.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	19428.71	22159.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19428.71	22159.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33577.61	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Becky Greenwald for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

**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).....

18950.00

39100.00

(ii) Unitemized.....

10325.00

10750.00

(iii) TOTAL of contributions

29275.00

49850.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

2385.13

5887.39

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

31660.13

55737.39

(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

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

31660.13

55737.39

**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.....	19428.71	22159.78
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>19428.71</b>	<b>22159.78</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	21346.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	31660.13
25. SUBTOTAL (add Line 23 and Line 24).....	53006.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19428.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33577.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 26
	<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	

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)  
Becky Greenwald for Congress

**A.** Full Name (Last, First, Middle Initial)  
J. John Anderholt

Mailing Address 74-770 Hwy 111 Ste 201

City Indian Wells State CA Zip Code 92210

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

Name of Employer Self Occupation Lawyer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 12 / 2008

Transaction ID: C1285206

Amount of Each Receipt this Period: 800.00

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

**B.** Full Name (Last, First, Middle Initial)  
J. John Anderholt

Mailing Address 74-770 Hwy 111 Ste 201

City Indian Wells State CA Zip Code 92210

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

Name of Employer Self Occupation Lawyer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 05 / 14 / 2008

Transaction ID: C1272353

Amount of Each Receipt this Period: 700.00

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

**C.** Full Name (Last, First, Middle Initial)  
Daniel Aten

Mailing Address 5904 Dakota Dr

City West Des Moines State IA Zip Code 50266-6363

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

Name of Employer Mercy Medical Center Occupation Health Care Administrator

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 22 / 2008

Transaction ID: C1174529

Amount of Each Receipt this Period: 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.** Full Name (Last, First, Middle Initial)  
James R Austin, Jr., Jr  
Mailing Address 4216 Greenwood Dr  
City Des Moines State IA Zip Code 50312-2552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt MM / DD / YYYY  
05 / 07 / 2008  
Transaction ID: C1176995  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Tom Bedell  
Mailing Address PO Box 557  
16216 Highway 86  
City Spirit Lake State IA Zip Code 51360-0557  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pure Fishing Occupation CEO  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt MM / DD / YYYY  
05 / 06 / 2008  
Transaction ID: C1179758  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Steven Steven Brody  
Mailing Address 15049 Wildwood Dr  
City Clive State IA Zip Code 50325-7851  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPont/Pioneer Occupation Gov't Relations  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt MM / DD / YYYY  
04 / 09 / 2008  
Transaction ID: C1171001  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<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)  
Becky Greenwald for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Ann Ann Burris		Date of Receipt
	Mailing Address 6403 Hickory Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 04 / 2008
	City	State	Zip Code
	Urbandale	IA	50322-8025
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C1171023
Name of Employer Lincoln National Life Ins Co		Occupation Agent	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Alicia P Claypool		Date of Receipt
	Mailing Address 5754 Gallery Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 09 / 2008
	City	State	Zip Code
	W. Des Moines	IA	50266
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C1175610
Name of Employer retired		Occupation community activist	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Roxanne Conlin		Date of Receipt
	Mailing Address 349 7th Street Suite 600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 04 / 2008
	City	State	Zip Code
	Des Moines	IA	50324
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C1171029
Name of Employer self		Occupation lawyer	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rowena Crosbie

Mailing Address 35054 FILMORE CT

City State Zip Code  
Earlham IA 50072-5592

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 0 8

**Transaction ID:** C1179751

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Pamela Ann Duffy

Mailing Address 28135 J Avenue

City State Zip Code  
Adel IA 50003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wellmark Blue Cross Blue Shield of IA Physical Medicine Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

**Transaction ID:** C1171042

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Eisenhauer

Mailing Address 710 NW Ash Dr

City State Zip Code  
Ankeny IA 50023-1549

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

**Transaction ID:** C1179716

Amount of Each Receipt this Period  
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<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)  
Becky Greenwald for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Frances S Fleck		Date of Receipt
	Mailing Address 2304 Ridgewood Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 9 / 2 0 0 8
	City	State	Zip Code
	West Des Moines	IA	50265-5700
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C1171014
Name of Employer None		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Marjorie A Foster		Date of Receipt
	Mailing Address 13621 Bay Hill Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Des Moines	IA	50325-8565
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C1171000
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Jennifer Garst		Date of Receipt
	Mailing Address 708 Brookridge Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Ames	IA	50010-5834
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C1171015
Name of Employer Planned Parenthood of Greater Iowa		Occupation Development	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1300.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2050.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

<input checked="" 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

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mary G Garst

Mailing Address 1700 130th St  
PO Box 267

City Coon Rapids State IA Zip Code 50058-8012

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
04 / 05 / 2008

**Transaction ID:** C1171028

Amount of Each Receipt this Period 250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Rachel Garst

Mailing Address 1702 130th St

City Coon Rapids State IA Zip Code 50058-8012

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
05 / 09 / 2008

**Transaction ID:** C1175634

Amount of Each Receipt this Period 500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Goodwin

Mailing Address 3930 Grand Ave, Apt 206

City Des Moines State IA Zip Code 50312-3520

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
05 / 08 / 2008

**Transaction ID:** C1179759

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 26  
(check only one)

<input checked="" 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
							15

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Sally Haerr

Mailing Address 806 S. Main

City State Zip Code  
Fairfield IA 52556

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

Name of Employer Full Partner, LLC Occupation web services specialist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2008

Transaction ID: C1291660

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Lloyd Rhea Hill

Mailing Address PO Box 71216

City State Zip Code  
Des Moines IA 50325-0216

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

Name of Employer American Equity Investment Life Ins. C Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2008

Transaction ID: C1175611

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Charlotte Beyer Hubbell

Mailing Address 2300 Terrace Road

City State Zip Code  
Des Moines IA 50312

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

Name of Employer Self Occupation Community activist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2008

Transaction ID: C1170996

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 26  
(check only one)

<input checked="" 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
							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)  
Becky Greenwald for Congress

**A.**

Full Name (Last, First, Middle Initial)  
G. David Hurd

Mailing Address 300 Walnut St, #183

City State Zip Code  
Des Moines IA 50309-2244

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

Name of Employer None Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

**Transaction ID:** C1170988

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Robert E Josten

Mailing Address 801 Grand Ave Suite 3900

City State Zip Code  
Des Moines IA 50309

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

Name of Employer Dorsey & Whitney Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

**Transaction ID:** C1171007

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Kruidenier

Mailing Address 3409 Southern Hills Dr

City State Zip Code  
Des Moines IA 50321-1318

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

Name of Employer Self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

**Transaction ID:** C1171032

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26  
(check only one)

<input checked="" 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

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Larry Norbert Larson

Mailing Address 3316 Woodland St

City State Zip Code  
Ames IA 50014-3551

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

Name of Employer Self/Town & Country Market & Garden Ce  
Occupation Grocer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2008

Transaction ID: C1174541

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Charles Marberry

Mailing Address 5005 160th St NE

City State Zip Code  
Solon IA 52333-9035

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

Name of Employer None  
Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2008

Transaction ID: C1174533

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Judy McCoy Davis

Mailing Address 2880 Grand Ave  
Apt 304

City State Zip Code  
Des Moines IA 50312-4274

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

Name of Employer Self  
Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: C1175608

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<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)  
Becky Greenwald for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Jonnie E McLain	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 23817 667th Ave	<b>Transaction ID:</b> C1174527
	City Nevada State IA Zip Code 50201-7615	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marguerite L McNabb	Date of Receipt MM / DD / YYYY 04 / 21 / 2008
	Mailing Address 1232 Wisconsin Ave	<b>Transaction ID:</b> C1174538
	City Ames State IA Zip Code 50014-3973	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Schoen Merchant	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 3319 Woodland St	<b>Transaction ID:</b> C1175212
	City Ames State IA Zip Code 50014-3550	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation At Home Mother		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 26  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.** Full Name (Last, First, Middle Initial)  
Doris Jean Newlin

Mailing Address 3524 Grand Avenue, Unit #401

City State Zip Code  
Des Moines IA 50312-4341

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

Name of Employer None Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2008

Transaction ID: C1170985

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Craig Pfantz

Mailing Address 201 4th Ave NE

City State Zip Code  
State Center IA 50247

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

Name of Employer self Occupation business

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2008

Transaction ID: C1181855

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Carl Scheser

Mailing Address 1 Acorn Court

City State Zip Code  
Iowa City IA 52246

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

Name of Employer info requested Occupation info requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2008

Transaction ID: C1181847

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<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)  
Becky Greenwald for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Loretta Sieman	Date of Receipt MM / DD / YYYY 04 / 09 / 2008
	Mailing Address 4710 Mills Civic Pkwy #303	<b>Transaction ID:</b> C1171010
	City State Zip Code West Des Moines IA 50265	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Business Publications Corporation Occupation Vice President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lois Skinner	Date of Receipt MM / DD / YYYY 04 / 21 / 2008
	Mailing Address PO Box 367 204 8th Street SE	<b>Transaction ID:</b> C1291668
	City State Zip Code Altoona IA 50009-0367	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer None Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Selden Spencer	Date of Receipt MM / DD / YYYY 04 / 26 / 2008
	Mailing Address 823 Ashwood Dr.	<b>Transaction ID:</b> C1300517
	City State Zip Code Huxley IA 50124-9316	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer McFarland Clinic Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.** Full Name (Last, First, Middle Initial)  
Julie E Stauch  
Mailing Address 4712 Westwood Drive  
City State Zip Code  
West Des Moines IA 50265-6443  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Planned Parenthood of Greater Iowa Exec  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt: 04 / 09 / 2008  
Transaction ID: C1171035  
Amount of Each Receipt this Period: 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mary Urban  
Mailing Address 5320 Grand Ave  
City State Zip Code  
Des Moines IA 50312-2124  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
none homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt: 05 / 13 / 2008  
Transaction ID: C1179707  
Amount of Each Receipt this Period: 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Toni O Urban  
Mailing Address 214 Foster Drive  
City State Zip Code  
Des Moines IA 50312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Letter Perfect retailer  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt: 04 / 29 / 2008  
Transaction ID: C1175215  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 26  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard Vermeer  
Mailing Address 6740 Ridges Ct  
City Bettendorf State IA Zip Code 52722  
FEC ID number of contributing federal political committee. C  
Name of Employer Davenport Emergency Physi- cians Occupation Emergency Physician  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 05 / 13 / 2008  
**Transaction ID:** C1177022  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Marcia Wanamaker  
Mailing Address 710 Southfork Dr  
City Waukee State IA Zip Code 50263  
FEC ID number of contributing federal political committee. C  
Name of Employer Iowa Realty Occupation Real Estate Agent  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
Date of Receipt 04 / 26 / 2008  
**Transaction ID:** C1174530  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Connie Wimer  
Mailing Address 300 Walnut St. #109  
City Des Moines State IA Zip Code 50309-4742  
FEC ID number of contributing federal political committee. C  
Name of Employer Business Publications Cor- poration Occupation Ch. of the Board  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 04 / 10 / 2008  
**Transaction ID:** C1170984  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1300.00  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 26  
(check only one)

<input checked="" 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

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.**

Full Name (Last, First, Middle Initial) Connie Wimer		Date of Receipt MM / DD / YYYY 04 / 28 / 2008
Mailing Address 300 Walnut St. #109		Transaction ID: C1175216
City Des Moines	State IA	
Zip Code 50309-4742		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Business Publications Corporation	Occupation Ch. of the Board	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Brent Zimmerman		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
Mailing Address 33251 V CT		Transaction ID: C1175622
City Waukee	State IA	
Zip Code 50263-7533		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	18950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 26
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Rebecca Jo Davis Greenwald		Date of Receipt
	Mailing Address 14267 F Ave		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Perry	IA	50220-6234
	FEC ID number of contributing federal political committee.		Transaction ID: C1295970
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Pioneer Hybrid		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
		Marketing Manager	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5887.39"/>		
<input type="checkbox"/> Other (specify) ▼			* In-Kind: mileage travel exp in kind

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2385.13"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2385.13"/>

# 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)  
Becky Greenwald for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Act Blue</p> <p>Mailing Address PO Box 382110</p> <p>City Cambridge State MA Zip Code 02238-2110</p> <p>Purpose of Disbursement credit card processing fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D178863</p> <p>Date of Disbursement 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 272.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lanon Baccam</p> <p>Mailing Address 809 E Davenport St</p> <p>City Iowa City State IA Zip Code 52245-2814</p> <p>Purpose of Disbursement travel exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177935</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bindery 1, Inc</p> <p>Mailing Address 1631 E Aurora Ave</p> <p>City Des Moines State IA Zip Code 50313-3914</p> <p>Purpose of Disbursement mailing exp.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177936</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 528.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1001.60

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand Avenue</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177925</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2326.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand Avenue</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177926</p> <p>Date of Disbursement 04 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2651.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand Avenue</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177927</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 137.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

5116.09

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Becky Greenwald for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand Avenue</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177928</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 771.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rachel Shoushan Dakarian</p> <p>Mailing Address 101 2nd Ave Apt 120</p> <p>City Des Moines State IA Zip Code 50309-4785</p> <p>Purpose of Disbursement compensation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177923</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Daley Solutions</p> <p>Mailing Address 13303 Rocklyn Drive</p> <p>City Urbandale State IA Zip Code 50323</p> <p>Purpose of Disbursement web design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177929</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

4521.68

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daley Solutions</p> <p>Mailing Address 13303 Rocklyn Drive</p> <p>City Urbandale State IA Zip Code 50323</p> <p>Purpose of Disbursement web site services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177930</p> <p>Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 3626.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Daley Solutions</p> <p>Mailing Address 13303 Rocklyn Drive</p> <p>City Urbandale State IA Zip Code 50323</p> <p>Purpose of Disbursement design work</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177931</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1444.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fourth District Democratic Central Committee</p> <p>Mailing Address 3234 Nevada St</p> <p>City Saint Charles State IA Zip Code 50240-9099</p> <p>Purpose of Disbursement table for convention</p> <p>Candidate Name Fourth District Democratic Central Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D177934</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

5195.85

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

A.

Full Name (Last, First, Middle Initial)  
Dan McClung

Mailing Address 3834 3rd St.

City Des Moines State IA Zip Code 50313

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D173561  
Date of Disbursement

05 / 03 / 2008

Amount of Each Disbursement this Period

367.40

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

B.

Full Name (Last, First, Middle Initial)  
Kimberlee Pieper

Mailing Address 3635 190th St

City Wever State IA Zip Code 52658-9569

Purpose of Disbursement  
Postage  
Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D173529  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

356.44

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

C.

Full Name (Last, First, Middle Initial)  
Raccoon Valley Bank

Mailing Address PO Box 129

City Perry State IA Zip Code 50220

Purpose of Disbursement  
check/deposit forms  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D177922  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

17.52

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

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

741.36

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Becky Greenwald for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Rebecca Jo Davis Greenwald

Mailing Address 14267 F Ave

City State Zip Code  
Perry IA 50220-6234

Purpose of Disbursement  
mileage travel exp in kind

Candidate Name  
Ms. Rebecca Jo Davis Greenwald

Office Sought:  House  
 Senate  
 President

State: IA District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

**Transaction ID:** D177924

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

\* in-kind received

**B.** Full Name (Last, First, Middle Initial)  
Jacob Wilson

Mailing Address 1139 Cornerstone Lane

City State Zip Code  
Pleasant Hill IA 50327

Purpose of Disbursement  
compensation

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

**Transaction ID:** D177932

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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