

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)

**People for Ganske**

ADDRESS (number and street)  Check if different than previously reported.  
521 East Locust, 2nd Floor

CITY, STATE and ZIP CODE STATE/DISTRICT  
Des Moines, IA 50309 IA 4

2. FEC IDENTIFICATION NUMBER

2000 BR 25 P 1:49  
C00281840

3. IS THIS REPORT AN AMENDMENT?

YES  NO

### 4. TYPE OF REPORT

- April 15 Quarterly Report  Twelfth day report preceding Primary  
(Type of Election)  
election on 11/03/2000 in the State of IA
- July 15 Quarterly Report
- October 15 Quarterly Report  Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)  Termination Report

This report contains activity for

Primary Election  General Election  Special Election  Runoff Election

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
<u>04/01/2000</u> through <u>05/17/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$72771.00	\$127059.00
(b) Total Contribution Returns (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$72771.00	\$127059.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$36146.39	\$62755.18
(b) Total Offsets to Operating Expenditures (from Line 14)	\$540.00	\$560.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$35606.39	\$62195.18
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$338112.67	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

For further information:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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

Type or Print Name of Treasurer

Steve Irwin

Signature of Treasurer



Date

5-27-00

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

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**FEC FORM 3**  
(Revised 4/87)

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

Name of Committee (in full) People for Cancko	Report Covering the Period: From: 04/01/2000 To: 05/17/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$18900.00	
(ii) Unitemized	\$32171.00	
(iii) Total of contributions from individual	\$51071.00	\$75703.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$21700.00	\$50399.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	\$72771.00	\$127056.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	\$0.00	\$0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	\$540.00	\$560.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	\$318.31	\$1328.75
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	\$73630.31	\$128948.75
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	\$38146.39	\$92755.16
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	\$0.00	\$0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$0.00
<b>21. OTHER DISBURSEMENTS</b>	\$0.00	\$344.15
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	\$38146.39	\$93099.31
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>		\$300628.75
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>		\$73630.31
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>		\$374259.06
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>		\$38146.39
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>		\$336112.67

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (In Full)**  
**People for Ganske**

<b>A. Full Name, Mailing Address and Zip Code</b> Ted Townsend 2425 Hubbell  Des Moines, IA 50317- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Townsend Engineering	<b>Date (month, day, year)</b> 04/07/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> Owner  <b>Aggregate Year-to-Date -&gt;</b> \$500.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Doug Parks 805 Oak Leaf Lane  Waukee, IA 50263- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 04/07/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> Doctor  <b>Aggregate Year-to-Date -&gt;</b> \$500.00		
<b>C. Full Name, Mailing Address and Zip Code</b> James Faust 1029 59th Street  West Des Moines, IA 50265- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 05/10/2000	<b>Amount of Each Receipt this Period</b> \$250.00
	<b>Occupation</b> Doctor  <b>Aggregate Year-to-Date -&gt;</b> \$250.00		
<b>D. Full Name, Mailing Address and Zip Code</b> Jack Rehm 3131 Fleur Drive #1001  Des Moines, IA 50321- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Meredith Corp	<b>Date (month, day, year)</b> 04/03/2000	<b>Amount of Each Receipt this Period</b> \$1000.00
	<b>Occupation</b> CEO  <b>Aggregate Year-to-Date -&gt;</b> \$1000.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Greg Hicklin 3012 Patricia Drive  Des Moines, IA 50322- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 04/05/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> Doctor  <b>Aggregate Year-to-Date -&gt;</b> \$500.00		
<b>F. Full Name, Mailing Address and Zip Code</b> Dirk Brom 321 43rd Street  Des Moines, IA 50312-2531 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Assoc. Anesthesiologists	<b>Date (month, day, year)</b> 04/04/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> Doctor  <b>Aggregate Year-to-Date -&gt;</b> \$500.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Tim Peterson 9581 Lincoln Avenue  Clive, IA 50325- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 04/11/2000	<b>Amount of Each Receipt this Period</b> \$250.00
	<b>Occupation</b> Doctor  <b>Aggregate Year-to-Date -&gt;</b> \$250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$3500.00
<b>TOTAL</b> This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)			
People for Ganske			
<b>A. Full Name, Mailing Address and Zip Code</b> Duane A. Sill 109 Lakeview Ct Manchester, IA 52057-	<b>Name of Employer</b> Self Occupation Insurance Agent	<b>Date (month, day, year)</b> 04/04/2000	<b>Amount of Each Receipt this Period</b> \$250.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> \$250.00		
<b>B. Full Name, Mailing Address and Zip Code</b> Gene Peterson 724 52nd Street Des Moines, IA 50312-	<b>Name of Employer</b> Self Occupation Doctor	<b>Date (month, day, year)</b> 04/11/2000	<b>Amount of Each Receipt this Period</b> \$250.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> \$250.00		
<b>C. Full Name, Mailing Address and Zip Code</b> Kenneth Schulthain 3101 Fleur Dr Des Moines, IA 50321-	<b>Name of Employer</b> Self Occupation Doctor	<b>Date (month, day, year)</b> 05/17/2000	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> \$500.00		
<b>D. Full Name, Mailing Address and Zip Code</b> David Lundquist 2115 John Lynde Rd Des Moines, IA 50312-	<b>Name of Employer</b> New Horizon Associates Occupation Executive	<b>Date (month, day, year)</b> 05/03/2000	<b>Amount of Each Receipt this Period</b> \$250.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> \$250.00		
<b>E. Full Name, Mailing Address and Zip Code</b> Hal Higgs 13149 Cedar Crest Lane Des Moines, IA 50325-9751	<b>Name of Employer</b> Holmes Murphy Occupation accountant	<b>Date (month, day, year)</b> 05/17/2000	<b>Amount of Each Receipt this Period</b> \$500.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> \$500.00		
<b>F. Full Name, Mailing Address and Zip Code</b> John Tyrrell 410 North Franklin Manchester, IA 52057-	<b>Name of Employer</b> Self Occupation Doctor	<b>Date (month, day, year)</b> 06/24/2000	<b>Amount of Each Receipt this Period</b> \$250.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> \$250.00		
<b>G. Full Name, Mailing Address and Zip Code</b> Harold Richard 14266 Wildwood Drive, R.R.#10 West Des Moines, IA 50265-	<b>Name of Employer</b> Farmers Commodities Corp Occupation CEO	<b>Date (month, day, year)</b> 04/06/2000	<b>Amount of Each Receipt this Period</b> \$250.00
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Aggregate Year-to-Date -&gt;</b> \$250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$2250.00
<b>TOTAL</b> This Period (last page this line number only)	

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**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 People for Ganske

<b>A. Full Name, Mailing Address and Zip Code</b> Robert Burnett 2942 Sioux Court Des Moines, IA 50321- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b> Retired <b>Date (month, day, year)</b> 04/19/2000 <b>Aggregate Year-to-Date -&gt;</b> \$250.00	<b>Amount of Each Receipt this Period</b> \$250.00
<b>B. Full Name, Mailing Address and Zip Code</b> Duane Acker RR 3 PO Box 61 Atlantic, IA 50022-9514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b> Retired <b>Date (month, day, year)</b> 04/01/2000 <b>Aggregate Year-to-Date -&gt;</b> \$500.00	<b>Amount of Each Receipt this Period</b> \$500.00
<b>C. Full Name, Mailing Address and Zip Code</b> Michael Leadbetter 7410 Ayers Rd Cincinnati, OH 45255- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Plastic Surgery Group, Inc. <b>Occupation</b> Doctor <b>Date (month, day, year)</b> 04/06/2000 <b>Aggregate Year-to-Date -&gt;</b> \$250.00	<b>Amount of Each Receipt this Period</b> \$250.00
<b>D. Full Name, Mailing Address and Zip Code</b> Ray Townsend 3131 Fleux, Apt 1003 Des Moines, IA 50321- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Townsend Engineering <b>Occupation</b> CEO <b>Date (month, day, year)</b> 04/07/2000 <b>Aggregate Year-to-Date -&gt;</b> \$500.00	<b>Amount of Each Receipt this Period</b> \$500.00
<b>E. Full Name, Mailing Address and Zip Code</b> James Hochstetler Woodland Pleasant Lane Menands, NY 12204- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Doctor <b>Date (month, day, year)</b> 04/18/2000 <b>Aggregate Year-to-Date -&gt;</b> \$250.00	<b>Amount of Each Receipt this Period</b> \$250.00
<b>F. Full Name, Mailing Address and Zip Code</b> Stanley Reynolds The Plaza Suite 200 300 Walnut Des Moines, IA 50309- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Reynolds & Reynolds <b>Occupation</b> President <b>Date (month, day, year)</b> 04/04/2000 <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	<b>Amount of Each Receipt this Period</b> \$1000.00
<b>G. Full Name, Mailing Address and Zip Code</b> Thomas Brown 2525 East Euclid, #214 Des Moines, IA 50317- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Brown National Lease <b>Occupation</b> President <b>Date (month, day, year)</b> 04/04/2000 <b>Aggregate Year-to-Date -&gt;</b> \$500.00	<b>Amount of Each Receipt this Period</b> \$500.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$3250.00
<b>TOTAL</b> This Period (last page this line number only)	

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**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Latham 356 Park Terrace S.E. Cedar Rapids, IA 52403-	Latham & Associates Economist	04/13/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
H. Rand Petersen 1401 Country Club Dr. Marion, IA 51537-	Retired Retired	04/03/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
J.C. Staudenmaier 8709 Horton Cir Urbandale, IA 50322-	Valley West Oil Co., Inc. Manager	04/11/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Jack Fisher 7910 Avenida Almar La Jolla, CA 92037-	Self Doctor	04/13/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Howard Katelman 220 37th St Des Moines, IA 50312-	Associated Anesthesiologists Doctor	04/19/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Don Easter 3730 Brentwood Dr. Des Moines, IA 50312-	Retired	04/24/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Sutton Graham 4 Spanish Oak Dr. Greenville, SC 29615-	Self Doctor	04/06/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$2250.00
<b>TOTAL</b> This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such records and statements may not be used by any person for the purpose of soliciting contributions or for campaign purposes, unless such person is the donor and address of any political committee to which contributions were made.

NAME OF COMMITTEE (In Full)  
 People for Ganske

A. Full Name, Mailing Address and Zip Code Delwin Quenzer 5604 Glen Oaks West Des Moines, IA 50266- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ortho Pharmaceutical	Date (month, day, year) 04/05/2000	Amount of Each Receipt this Period \$500.00
	Occupation Doctor Aggregate Year-to-Date -> \$500.00		
B. Full Name, Mailing Address and Zip Code William Theus 130 Double Tree Drive Callahan, GA 30701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$250.00
	Occupation Doctor Aggregate Year-to-Date -> \$250.00		
C. Full Name, Mailing Address and Zip Code Paul Mabie 3041 Terraza Pl Fullerton, CA 92635- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period \$250.00
	Occupation Doctor Aggregate Year-to-Date -> \$250.00		
D. Full Name, Mailing Address and Zip Code Richard Bedout 3300 SW 24th Street Des Moines, IA 50321- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Mercy Hospital	Date (month, day, year) 04/11/2000	Amount of Each Receipt this Period \$500.00
	Occupation Doctor Aggregate Year-to-Date -> \$500.00		
E. Full Name, Mailing Address and Zip Code Margaret Ann Slepaky 2700 Chestnut Allentio, IA 50022- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$250.00
	Occupation Aggregate Year-to-Date -> \$250.00		
F. Full Name, Mailing Address and Zip Code D. Eugene Martin 10131 Welch Road Corning, NY 14830- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 04/18/2000	Amount of Each Receipt this Period \$300.00
	Occupation Doctor Aggregate Year-to-Date -> \$300.00		
G. Full Name, Mailing Address and Zip Code Kenneth Odinet 155 Hospital Drive Suite 400 Lafayette, LA 70503- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 04/24/2000	Amount of Each Receipt this Period \$250.00
	Occupation Doctor Aggregate Year-to-Date -> \$250.00		

SUBTOTAL of Receipts This Page (optional)	\$2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)  
People for Ganske

A. Full Name, Mailing Address and Zip Code William Parks 507 W 2nd Street Muscatine, IA 52761- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 04/10/2000	Amount of Each Receipt this Period \$500.00
	Occupation Investor	Aggregate Year-to-Date -> \$500.00	
B. Full Name, Mailing Address and Zip Code Mark Steine 565 Augusta Drive, SE Cedar Rapids, IA 52403- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 05/12/2000	Amount of Each Receipt this Period \$250.00
	Occupation Doctor	Aggregate Year-to-Date -> \$250.00	
C. Full Name, Mailing Address and Zip Code Loyal Leibrock 9946 Devonshire Omaha, NE 68114- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 05/17/2000	Amount of Each Receipt this Period \$250.00
	Occupation Doctor	Aggregate Year-to-Date -> \$250.00	
D. Full Name, Mailing Address and Zip Code Bruce Ehm 6560 Fannin No. 1200 Houston, TX 77030- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 04/20/2000	Amount of Each Receipt this Period \$250.00
	Occupation Doctor	Aggregate Year-to-Date -> \$250.00	
E. Full Name, Mailing Address and Zip Code Steven Hoafflin 11718 Barrington Ct. Los Angeles, CA 90049-2930 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period \$250.00
	Occupation Doctor	Aggregate Year-to-Date -> \$250.00	
F. Full Name, Mailing Address and Zip Code Steven Macht 6904 Selkirk Dr. Bethesda, MD 20817- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period \$350.00
	Occupation Doctor	Aggregate Year-to-Date -> \$350.00	
G. Full Name, Mailing Address and Zip Code Vicki Davison 2405 S. 12th St. Marshalltown, IA 50158- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 04/12/2000	Amount of Each Receipt this Period \$250.00
	Occupation Tree farmer	Aggregate Year-to-Date -> \$250.00	

SUBTOTAL of Receipts This Page (optional)	\$2100.00
TOTAL This Period (last page this line number only)	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information reported here with Section 527(b)(2) and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in full)**  
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. J.P. McMerney 1110 Loudon Dr. Fairfield, IA 52556-	Self Occupation Doctor	05/15/2000	\$350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$350.00
B. Full Name, Mailing Address and Zip Code Jerry Stanton 1835 NW 104th St. Des Moines, IA 50325-	Name of Employer Ignition Interlock of Iowa Occupation Manager	Date (month, day, year) 04/11/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
C. Full Name, Mailing Address and Zip Code Jon Quinn 2711 Glenwood Dr. Des Moines, IA 50321-	Name of Employer Associated Anesthesiologists Occupation Doctor	Date (month, day, year) 04/04/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$100.00
D. Full Name, Mailing Address and Zip Code Jon Quinn 2711 Glenwood Dr. Des Moines, IA 50321-	Name of Employer Associated Anesthesiologists Occupation Doctor	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$600.00
E. Full Name, Mailing Address and Zip Code Bruce Spivey 1 Beckman Place New York, NY 10022-	Name of Employer Self Occupation Doctor	Date (month, day, year) 04/06/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
F. Full Name, Mailing Address and Zip Code Richard Savage 8715 Oakdale Drive Johnston, IA 50131-	Name of Employer Mercy Hospital Occupation self	Date (month, day, year) 04/07/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
G. Full Name, Mailing Address and Zip Code William Penland 10300 Hyde Park Evansville, TN 47711-	Name of Employer Self Occupation Doctor	Date (month, day, year) 04/20/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$1950.00
<b>TOTAL</b> This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)  
People for Ganske

A. Full Name, Mailing Address and Zip Code Sui Lou 2296 Opitz Blvd. Suite 300 Woodbridge, VA 22191-	Name of Employer Self	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period \$250.00
	Occupation Homemaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
B. Full Name, Mailing Address and Zip Code Christina First 22348 Song Bird Drive PO Box 731 Monticello, IA 52110-	Name of Employer Self	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period \$350.00
	Occupation Homemaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$350.00		
C. Full Name, Mailing Address and Zip Code Roberta Wattleworth 325 River Hills Drive Story City, IA 50248-	Name of Employer info requested	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period \$350.00
	Occupation info requested		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$350.00		
D. Full Name, Mailing Address and Zip Code Sherri Martin 1280 Country Club Blvd. Clive, IA 50325-	Name of Employer Des Moines University	Date (month, day, year) 05/15/2000	Amount of Each Receipt this Period \$350.00
	Occupation Administrator		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$350.00		
E. Full Name, Mailing Address and Zip Code /	Name of Employer / /	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code /	Name of Employer / /	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code /	Name of Employer / /	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of receipts This Page (optional)	\$1300.00
TOTAL This Period (last page this line number only)	\$10900.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (In Full)**  
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN DENTAL ASSOCIATION PAC Frank McLaughlin 1111 14th Street NW, Suite 1200 Washington, DC 20005-		04/03/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00
B. Full Name, Mailing Address and Zip Code AMERICAN HEALTH CARE ASSOCIATION PAC Bruce Yarwood 1201 L Street NW Washington, DC 20005-		05/12/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00
C. Full Name, Mailing Address and Zip Code NATL. BEER WHOLESALERS ASSOC. PAC David Rehr 1100 South Washington St., 1st Floor Alexandria, VA 22314-4494		04/10/2000	\$3000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$4000.00
D. Full Name, Mailing Address and Zip Code NATL BEER WHOLESALERS ASSOC. PAC David Rehr 1100 South Washington St., 1st Floor Alexandria, VA 22314-4494		05/10/2000	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$5000.00
E. Full Name, Mailing Address and Zip Code AMERICAN SOCIETY OF ANESTHESIOLOGISTS Michael Scott 1101 Vermont Ave. NW, #606 Washington, DC 20005-0000		05/12/2000	\$1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1500.00
F. Full Name, Mailing Address and Zip Code AMERICAN SOCIETY OF ANESTHESIOLOGISTS Michael Scott 1101 Vermont Ave. NW, #606 Washington, DC 20005-0000		05/12/2000	\$3500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$5000.00
G. Full Name, Mailing Address and Zip Code COLLEGE OF AMERICAN PATHOLOGISTS Denise Bell 1350 Eye St. NW, #960 Washington, DC 20005-3305		05/15/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$10500.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (In Full)**  
 People for Ganske

A. Full Name, Mailing Address and Zip Code NATIONAL EMERGENCY MEDICINE PAC Debbie Campbell 1111 19th Street, NW Suite 650 Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 04/03/2000 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code NATIONAL EMERGENCY MEDICINE PAC Debbie Campbell 1111 19th Street, NW Suite 650 Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 05/17/2000 Aggregate Year-to-Date -> \$2000.00	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code MEREDITH CORP. EMPLOYEES FUND Jerry Hadenfeldt 1716 Locust St Des Moines, IA 50336- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 05/15/2000 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and Zip Code ORTHOPEDIC PAC Jennifer Kunde 317 Massachusetts Ave., NE Suite 100 Washington, DC 20002- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 05/15/2000 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code OSTEOPATHIC PAC Joanna Nevins 1090 Vermont Ave. NW, #510 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 05/15/2000 Aggregate Year-to-Date -> \$1500.00	Amount of Each Receipt this Period \$1500.00
F. Full Name, Mailing Address and Zip Code TELEVISION & RADIO PAC Amanda Koineray 1771 N. Street, NW Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 04/24/2000 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & MEDICARE PAC Max Richtman & Karen Hinks Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 04/10/2000 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$500.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$6000.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**NAME OF COMMITTEE (In Full)**  
 People for Ganske

<b>A. Full Name, Mailing Address and Zip Code</b> SOUTHERN MINNESOTA SUGAR CO-OP PAC Al Ritacco PO Box 500 Renville, MN 56284- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> _____ <b>Date (month, day, year)</b> 04/18/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b> \$500.00	
<b>B. Full Name, Mailing Address and Zip Code</b> SBC COMMUNICATIONS INC PAC Rodney Smith 1401 K Street NW, Suite 1100 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> _____ <b>Date (month, day, year)</b> 04/18/2000	<b>Amount of Each Receipt this Period</b> \$1000.00
	<b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b> \$1000.00	
<b>C. Full Name, Mailing Address and Zip Code</b> INVESTMENT MANAGEMENT PAC (ICI) Donald Morrissey 1401 H Street, NW Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> _____ <b>Date (month, day, year)</b> 04/03/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b> \$500.00	
<b>D. Full Name, Mailing Address and Zip Code</b> BNSF RAILPAC Cathy Ratky 1001 G Street NW, Suite 210 West Washington, DC 20001- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> _____ <b>Date (month, day, year)</b> 04/28/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b> \$500.00	
<b>E. Full Name, Mailing Address and Zip Code</b> NATIONAL TURKEY FEDERATION PAC Joel Brandenberger 1225 New York Avenue NW Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> _____ <b>Date (month, day, year)</b> 04/12/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b> \$500.00	
<b>F. Full Name, Mailing Address and Zip Code</b> NATL COMMUNITY PHARMACISTS ASSN. John Rector 205 Daingerfield Rd Alexandria, VA 22314- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> _____ <b>Date (month, day, year)</b> 05/10/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b> \$500.00	
<b>G. Full Name, Mailing Address and Zip Code</b> NATIONAL ASSOC. OF WATER COMPANIES PAC Louis Jenny 1725 K St NW #1212 Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> _____ <b>Date (month, day, year)</b> 04/11/2000	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> _____ <b>Aggregate Year-to-Date -&gt;</b> \$500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$4000.00
<b>TOTAL</b> This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full) People for Ganske			
<b>A. Full Name, Mailing Address and Zip Code</b> DAIMLER-CHRYSLER CORP. PAC Don Hellibrand 1000 Chrysler Drive Auburn Hills, MI 48326- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/10/2000	\$500.00
Aggregate Year-to-Date ->		\$500.00	
<b>B. Full Name, Mailing Address and Zip Code</b> NATIONAL CHICKEN COUNCIL PAC Mary Colville 1015 15th Street, Suite 930 Washington, DC 20005-2605 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/13/2000	\$500.00
Aggregate Year-to-Date ->		\$500.00	
<b>C. Full Name, Mailing Address and Zip Code</b> CLINTON COUNTY COP c/o Brian Schmidt 1499 235th Avenue Delmar, IA 52037- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/26/2000	\$200.00
Aggregate Year-to-Date ->		\$200.00	
<b>D. Full Name, Mailing Address and Zip Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
<b>E. Full Name, Mailing Address and Zip Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
<b>F. Full Name, Mailing Address and Zip Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			
<b>G. Full Name, Mailing Address and Zip Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Aggregate Year-to-Date ->			

SUBTOTAL of Receipts This Page (optional)	\$1200.00
TOTAL This Period (last page this line number only)	\$21700.00

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)  
 People for Ganske

A. Full Name, Mailing Address and Zip Code The Congressional Institute 316 Pennsylvania Ave. SE #403 Washington, DC 20003- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer REFUND - CONFERENCE	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period \$540.00
	Occupation	Aggregate Year-to-Date -> \$540.00	
B. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	\$540.00
TOTAL This Period (last page this line number only)	\$540.00

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (In Full)  
 People for Ganske

A. Full Name, Mailing Address and Zip Code Bankers Trust  666 Locust Des Moines, IA 50309- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period \$319.31
	Occupation	Aggregate Year-to-Date -> \$1329.75	
B. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
C. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
D. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
E. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
G. Full Name, Mailing Address and Zip Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	\$319.31
TOTAL This Period (Part page this line number only)	\$319.31



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 persons.

**NAME OF COMMITTEE (In Full)**  
**People for Ganske**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Summit Publications PO Box 1806 Ashburn, VA 20146-	book Disbursement Code: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/23/2000	\$225.00
Bankers Trust 665 Locust Des Moines, IA 50309-	payroll - federal withholding Disbursement Code: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/17/2000	\$841.00
Bankers Trust 665 Locust Des Moines, IA 50309-	payroll - federal withholding Disbursement Code: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/03/2000	\$841.00
Budget Storage 139 SW 63 St Des Moines, IA 50312-	rent Disbursement Code: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/23/2000	\$70.35
Christian Printers 2411 21st St. Des Moines, IA 50311-	printing Disbursement Code: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/16/2000	\$173.25
Christian Printers 2411 21st St. Des Moines, IA 50311-	printing Disbursement Code: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/03/2000	\$4641.00
Creative Cents, Inc. 709 61st St Des Moines, IA 50312-	accounting Disbursement Code: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/09/2000	\$150.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$6942.10
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

**NAME OF COMMITTEE (In Full)**  
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Creative Cents, Inc. 709 First St Des Moines, IA 50312-	accounting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/2000	\$205.00
B. Full Name, Mailing Address and Zip Code Direct Marketing Associates 628 E. Grand Ave Des Moines, IA 50309-	mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/2000	\$4595.66
C. Full Name, Mailing Address and Zip Code Direct Marketing Associates 628 E. Grand Ave Des Moines, IA 50309-	mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/04/2000	\$8434.00
D. Full Name, Mailing Address and Zip Code Direct Marketing Associates 628 E. Grand Ave Des Moines, IA 50309-	mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/16/2000	\$275.00
E. Full Name, Mailing Address and Zip Code Direct Marketing Associates 628 E. Grand Ave Des Moines, IA 50309-	mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/2000	\$2041.05
F. Full Name, Mailing Address and Zip Code Insty Prints 1701 22nd St West Des Moines, IA 50265-	printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/2000	\$2941.94
G. Full Name, Mailing Address and Zip Code Insty Prints 1701 22nd St West Des Moines, IA 50265-	printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/06/2000	\$1129.57

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$19702.22
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

**NAME OF COMMITTEE (In Full)**  
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Iowa Workforce Development 215 Keosauqua Way Des Moines, IA 50309-	payroll taxes  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/16/2000	\$287.86
B. Full Name, Mailing Address and Zip Code MCI Long Distance PO Box 4644 Iowa City, IA 52244-4644	telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/2000	\$60.74
C. Full Name, Mailing Address and Zip Code MCI Long Distance PO Box 4644 Iowa City, IA 52244-4644	telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/2000	\$79.89
D. Full Name, Mailing Address and Zip Code Occasions Catered 910 Pennsylvania Avenue SE Washington, DC 20003-	catering  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/16/2000	\$575.20
E. Full Name, Mailing Address and Zip Code Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	reimbursement - supplies  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/2000	\$89.96
F. Full Name, Mailing Address and Zip Code Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	reimbursement - postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/08/2000	\$10.52
G. Full Name, Mailing Address and Zip Code Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	reimbursement - postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/2000	\$8.38

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$1112.55
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 People for Cansko

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	reimbursement - postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/2000	\$7.55
Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	payroll  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/2000	\$1129.25
Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	payroll  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/11/2000	\$1129.25
Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	reimbursement - postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/16/2000	\$3.20
Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	payroll  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/11/2000	\$1,129.25
Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	reimbursement - postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/2000	\$3.20
Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50265-	mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/2000	\$46.76

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$3448.46
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

See Appendix A administered for each category of the Detailed Summary Page

Any information appearing on this report 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 mass contributors.

**NAME OF COMMITTEE (In Full)**  
people for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sean Parnell 1205 11th Street # 208 West Des Moines, IA 50264	mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/05/2000	\$72.00
Postmaster 1165 2nd Ave. Des Moines, IA 50318-	postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/26/2000	\$100.00
Postmaster 1166 2nd Ave. Des Moines, IA 50318-	postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/04/2000	\$330.00
Postmaster 1165 2nd Ave. Des Moines, IA 50318-	postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/16/2000	\$19.80
Postmaster 1165 2nd Ave. Des Moines, IA 50318-	postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/04/2000	\$500.00
Postmaster 1165 2nd Ave. Des Moines, IA 50318-	postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/03/2000	\$200.00
Postmaster 1165 2nd Ave. Des Moines, IA 50318-	postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/09/2000	\$330.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$1551.80
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 7  
FOR LINE NUMBER 17

Any information supplied on this Report and Statement 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 individual mentioned to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 1165 2nd Ave. Des Moines, IA 50318-	postage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/17/2000	\$200.00
B. Full Name, Mailing Address and Zip Code Republican Party of Iowa Doc Stewart 521 E. Locust St Des Moines, IA 50309-	Purpose of Disbursement: rent  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/27/2000	\$450.00
C. Full Name, Mailing Address and Zip Code Treasurer State of IOWA Hoover State Office Building Des Moines, IA 50319-	Purpose of Disbursement: payroll - state withholding  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/27/2000	\$130.00
D. Full Name, Mailing Address and Zip Code Treasurer State of IOWA Hoover State Office Building Des Moines, IA 50319-	Purpose of Disbursement: payroll - state Withholding  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/16/2000	\$130.00
E. Full Name, Mailing Address and Zip Code Triplet Office Essentials 2220 NW 108th Des Moines, IA 50325-	Purpose of Disbursement: office supplies  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/08/2000	\$417.62
F. Full Name, Mailing Address and Zip Code US West P.O. Box 737 Des Moines, IA 50338-	Purpose of Disbursement: telephones  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/16/2000	\$231.83
G. Full Name, Mailing Address and Zip Code US West P.O. Box 737 Des Moines, IA 50338-	Purpose of Disbursement: telephone  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/16/2000	\$237.08

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$1796.53
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 People for Ganske

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victory Enterprises  324 South Fairmount Street  Davenport, IA 52802-	computer  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/03/2000	\$1160.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional)	\$1160.00
<b>TOTAL</b> This Period (last page this line number only)	\$35713.66

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 5-22-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jel</i> PREPARER	5-26-00 DATE PREPARED