

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Latham For Congress

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

Check if different than previously reported. (ACC)

Clarion IA 50525

2. **FEC IDENTIFICATION NUMBER** C00287045

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

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

IA 04

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C)  Special (12S)

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

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

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

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

5. Covering Period 01 01 2005 through 03 31 2005

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

Type or Print Name of Treasurer Robert W. Brinton

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

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Latham For Congress

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	88159.00	90454.00
(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)).....	88159.00	90454.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	36242.13	71256.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	5449.41	15457.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30792.72	55798.25
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	163353.94	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Latham For Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

**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).....

23050.00

23250.00

(ii) Unitemized.....

13159.00

13754.00

(iii) TOTAL of contributions

36209.00

37004.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

51950.00

53450.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

88159.00

90454.00

(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.).....

5449.41

15457.83

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

315.37

619.02

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

93923.78

106530.85

**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.....	36242.13	71256.08
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.....	11000.00	12000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	47242.13	83256.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	116672.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	93923.78
25. SUBTOTAL (add Line 23 and Line 24).....	210596.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47242.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	163353.94

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 62
	<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)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Gregory Abel

Mailing Address P.O. Box 657  
666 Grand Ave

City State Zip Code  
Des Moines IA 50303-0657

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

Name of Employer Occupation  
MidAmerican Energy President

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

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 50408.C13007

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Allbee

Mailing Address PO Box 436  
1320 4th Street NE

City State Zip Code  
Hampton IA 50441-0436

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

Name of Employer Occupation  
ABCN Corp Attorney

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

Election Cycle-to-Date ▼  
250.00

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

**Transaction ID:** 50408.C13095

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dale Andres

Mailing Address 1160 Glen Oaks Dr

City State Zip Code  
West Des Moines IA 50266-6634

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

Name of Employer Occupation  
Mercy Medical Center Pathologist

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

Election Cycle-to-Date ▼  
200.00

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

**Transaction ID:** 50220.C12961

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Dale Andres

Mailing Address 1160 Glen Oaks Dr

City State Zip Code  
West Des Moines IA 50266-6634

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

Name of Employer Occupation  
Mercy Medical Center Pathologist

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

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2005

Transaction ID: 50408.C13105

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 7613 Range Rd

City State Zip Code  
Alexandria VA 22306-2425

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

Name of Employer Occupation  
Olsson Frank and Weeda Upper Management

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

Transaction ID: 50408.C13154

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Bode

Mailing Address 431 N W 177th Street

City State Zip Code  
Oklahoma City OK 73103

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

Name of Employer Occupation  
Olsson Frank and Weeda Attorney

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

Transaction ID: 50408.C13155

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Latham For Congress

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

Mailing Address 606 Poplar St

City State Zip Code  
Osage IA 50461-1316

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

Name of Employer Home Trust and Savings Bank  
Occupation Bank Loan Officer

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

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2005

Transaction ID: 50408.C13012

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Anne Cameron

Mailing Address 56 Country Cir

City State Zip Code  
Mason City IA 50401-1642

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

Name of Employer retired  
Occupation Retired

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

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2005

Transaction ID: 50408.C13050

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steve Clark

Mailing Address 9273 Lerwick Dr

City State Zip Code  
Dublin OH 43017

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

Name of Employer Clark & Associates  
Occupation President

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

Election Cycle-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2005

Transaction ID: 50408.C13156

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Gary Clem

Mailing Address 25668 Country Club Rd

City Nevada State IA Zip Code 50201-7595

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

Name of Employer Almaco Occupation President

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

Election Cycle-to-Date ▼ 100.00

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

**Transaction ID:** 50408.C13014

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gary Clem

Mailing Address 25668 Country Club Rd

City Nevada State IA Zip Code 50201-7595

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

Name of Employer Almaco Occupation President

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

Election Cycle-to-Date ▼ 350.00

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

**Transaction ID:** 50408.C13239

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Conrad Clement

Mailing Address PO Box 154  
11969 Valley Ave

City Cresco State IA Zip Code 52136-0154

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

Name of Employer Featherlite Trailers Occupation CEO

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

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 50408.C13040

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Chris Clover

Mailing Address 502 N Center St.

City Marshalltown State IA Zip Code 50158

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

Name of Employer Fakespace Corp. Occupation CEO

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

Election Cycle-to-Date 500.00

Date of Receipt  
03 / 16 / 2005

Transaction ID: 50408.C13157

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dana DeBeaumont

Mailing Address 246 11th St. SE

City Washington State DC Zip Code 20003

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

Name of Employer Capital Management Occupation Professional

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

Election Cycle-to-Date 250.00

Date of Receipt  
03 / 16 / 2005

Transaction ID: 50408.C13158

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Livio DeSimone

Mailing Address 30 7th St. E Ste 3050

City Saint Paul State MN Zip Code 55101-4921

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

Name of Employer retired Occupation Retired

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

Election Cycle-to-Date 1000.00

Date of Receipt  
03 / 29 / 2005

Transaction ID: 50408.C13229

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 62
	<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)  
Latham For Congress

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

Mailing Address 116 Queen St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
ETA President

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

Transaction ID: 50408.C13159

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
James Fitzpatrick

Mailing Address 11 Hackberry Rd

City State Zip Code  
Mason City IA 50401-2505

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

Name of Employer Occupation  
Mercy Medical Center CEO

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2005

Transaction ID: 50408.C13072

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Donald Garwood

Mailing Address 2375K 186th St.

City State Zip Code  
Marshalltown IA 50158-3975

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

Name of Employer Occupation  
Fakespace Corp. Upper Management

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

Transaction ID: 50408.C13161

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Barbara Goetz

Mailing Address 8 Arrowwood

City State Zip Code  
Mason City IA 50401

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

Name of Employer  
No Employer

Occupation  
Volunteer

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2005

Transaction ID: 50408.C13074

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Gribben

Mailing Address 105 10th St. NW

City State Zip Code  
Mason City IA 50401

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

Name of Employer  
First Citizens National Bank

Occupation  
CPA

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

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2005

Transaction ID: 50220.C12978

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Gribben

Mailing Address 105 10th St. NW

City State Zip Code  
Mason City IA 50401

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

Name of Employer  
First Citizens National Bank

Occupation  
CPA

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

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2005

Transaction ID: 50408.C13198

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Jerry Lee Hall

Mailing Address 1609 Woodhaven Circle

City State Zip Code  
Ames IA 50010

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

Name of Employer Self-Employed Occupation  
Engineer

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2005

Transaction ID: 50408.C13133

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jerry Lee Hall

Mailing Address 1609 Woodhaven Circle

City State Zip Code  
Ames IA 50010

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

Name of Employer Self-Employed Occupation  
Engineer

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2005

Transaction ID: 50408.C13205

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 2050 Woodland Dr

City State Zip Code  
New Hampton IA 50659-9225

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

Name of Employer State Bank of Lawler Occupation  
Banker

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2005

Transaction ID: 50408.C13061

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

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

Mailing Address 51 Manor Circle

City State Zip Code  
Estherville IA 51334-2003

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

Name of Employer Self-Employed  
Occupation  
Auto Dealer

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

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 50210.C12864

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Erben Hunziker

Mailing Address 2619 Lindenwood Cir

City State Zip Code  
Ames IA 50014-4567

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

Name of Employer Self-Employed  
Occupation  
Realtor

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

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 50408.C13112

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Richard Johnson

Mailing Address 3412 Jewel Dr

City State Zip Code  
Ames IA 50010-8457

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

Name of Employer Story Construction  
Occupation  
CEO

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

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 50408.C13207

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Florenz Kapaun

Mailing Address 710 W Main St

City Marshalltown State IA Zip Code 50158-5666

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

Name of Employer Kapaun & Brown Inc Occupation President

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

Election Cycle-to-Date ▼

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

**Transaction ID:** 50408.C13017

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 126 Cedar Cir

City Charles City State IA Zip Code 50616-1604

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

Name of Employer Self-Employed Occupation Owner

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

Election Cycle-to-Date ▼

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

**Transaction ID:** 50408.C13199

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 3310 Bayberry Cir

City Ames State IA Zip Code 50014-4602

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

Name of Employer AMes National Corp Occupation Banking

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

Election Cycle-to-Date ▼

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

**Transaction ID:** 50408.C13116

Amount of Each Receipt this Period  
 250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

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

Mailing Address 356 Park Ter SE

City State Zip Code  
Cedar Rapids IA 52403-2820

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

Name of Employer Occupation  
Latham & Associates Economist

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2005

**Transaction ID:** 50408.C13044

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Linda Livingston

Mailing Address 3108 Roxboro Dr

City State Zip Code  
Ames IA 50010-1117

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

Name of Employer Occupation  
Friedrich Realty Real Estate

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2005

**Transaction ID:** 50408.C13210

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Janet A. Lovell

Mailing Address 545 N. Shore Drive

City State Zip Code  
Clear Lake IA 50428

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

Name of Employer Occupation  
Clear Lake Telephone Manager

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2005

**Transaction ID:** 50408.C13134

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles MacNider

Mailing Address 441 N Shore Dr

City State Zip Code  
Clear Lake IA 50428-1374

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

Name of Employer Occupation  
Piper Jaffray, Inc. Investor

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2005

Transaction ID: 50408.C13076

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Larry McAllister

Mailing Address 308 Ford Road

City State Zip Code  
Emmetsburg IA 50536

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

Name of Employer Occupation  
Prairie States Mgmt Company President

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2005

Transaction ID: 50408.C13233

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Shahbaz Merchant

Mailing Address 108 Hayward Ave.

City State Zip Code  
Ames IA 50014-7207

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

Name of Employer Occupation  
Self-Employed Investor

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2005

Transaction ID: 50408.C13216

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

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

Mailing Address Post Office Box 67  
808 Starlite Dr.

City State Zip Code  
West Point IA 52656

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

Name of Employer Occupation  
Merschman Seed Company Management

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

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 50220.C12942

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gregg Miller

Mailing Address P.O. Box 841

City State Zip Code  
Marshalltown IA 50158-0841

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

Name of Employer Occupation  
RACOM Corp Executive

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

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 50220.C12943

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Milne

Mailing Address PO Box 45

City State Zip Code  
Farina IL 62838

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

Name of Employer Occupation  
Perennial Strategy Group Lobbyist

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 5

Transaction ID: 50408.C13165

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ken Nielsen

Mailing Address 10 Willow Ridge Dr.

City Humboldt State IA Zip Code 50548

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

Name of Employer Self-Employed Occupation Sales Management

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

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2005

Transaction ID: 50408.C13191

Amount of Each Receipt this Period  
 250.00

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

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

Mailing Address PO Box 607  
3117 Bayberry Rd.

City Ames State IA Zip Code 50010-0607

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

Name of Employer First National Bank Occupation Banker

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

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2005

Transaction ID: 50210.C12869

Amount of Each Receipt this Period  
 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Pohlman

Mailing Address PO Box 607  
3117 Bayberry Rd.

City Ames State IA Zip Code 50010-0607

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

Name of Employer First National Bank Occupation Banker

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

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2005

Transaction ID: 50408.C13090

Amount of Each Receipt this Period  
 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... **450.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Brent Rastetter

Mailing Address 3013 Almond Rd.

City State Zip Code  
Ames IA 50014-4623

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

Name of Employer  
Self-Employed

Occupation  
Construction

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2005

Transaction ID: 50408.C13213

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 225 Pebble Creek Dr

City State Zip Code  
Mason City IA 50401-8920

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

Name of Employer  
First Citizens National Bank

Occupation  
Banker

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2005

Transaction ID: 50408.C13185

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Hans Rosacker

Mailing Address 18299 Erin Bay

City State Zip Code  
Eden Prairie MN 55347-2169

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

Name of Employer  
Perennial Strategy Group

Occupation  
Consultant

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2005

Transaction ID: 50408.C13168

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

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

Mailing Address 7 Briarstone Ct

City State Zip Code  
Mason City IA 50401-4647

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

Name of Employer Occupation  
Henkel Construction Co. President

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2005

Transaction ID: 50408.C13094

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Karen Shirk

Mailing Address 3201 Bayberry Rd

City State Zip Code  
Ames IA 50014-4600

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

Name of Employer Occupation  
No Employer Homemaker

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2005

Transaction ID: 50408.C13123

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Rick Smedsrud

Mailing Address 7 Boulder Rd.

City State Zip Code  
Mason City IA 50401

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

Name of Employer Occupation  
Henkel Construction Co. Chief Financial Officer

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2005

Transaction ID: 50408.C13056

Amount of Each Receipt this Period  
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Barry Smith</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 5
Mailing Address 14983 Holcomb Ave		Transaction ID: 50210.C12915
City State Zip Code Clive IA 50325-4517	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer People Trust & Savings Bank	Occupation President and CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Larry Southard</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 5
Mailing Address 1304 Fairway Dr.		Transaction ID: 50408.C13193
City State Zip Code Marshalltown IA 50158	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Equipment Dealer	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Staley</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 5
Mailing Address 1366A Hwy 3		Transaction ID: 50408.C13138
City State Zip Code Hampton IA 50441	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Real Estate	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	Election Cycle-to-Date 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Randall Stoecker

Mailing Address 2948 Cypress Cir

City State Zip Code  
Ames IA 50014-4519

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

Name of Employer Occupation  
Murphy Brown LLC Management

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2005

Transaction ID: 50408.C13124

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1405 N Shore Dr

City State Zip Code  
Clear Lake IA 50428-1237

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

Name of Employer Occupation  
Self-Employed Sales Management

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2005

Transaction ID: 50408.C13196

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Patricia Tomson

Mailing Address 12 Briarstone Ct.

City State Zip Code  
Mason City IA 50401

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

Name of Employer Occupation  
No Employer Homemaker

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2005

Transaction ID: 50408.C13240

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 62
	(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)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Roger Underwood

Mailing Address 801 Dayton Rd.

City State Zip Code  
Ames IA 50010

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

Name of Employer  
Becker Underwood

Occupation  
CEO

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2005

**Transaction ID:** 50408.C13092

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jamie Zanos

Mailing Address 317 2nd St SE

City State Zip Code  
Mason City IA 50401-3925

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

Name of Employer  
North Iowa Area Comm College

Occupation  
Director

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2005

**Transaction ID:** 50408.C13141

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>23050.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Action Committee - Rural Electrification		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2005
Mailing Address 4301 Wilson Blvd		<b>Transaction ID:</b> 50408.C13147
City State Zip Code Arlington VA 22203-1867	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00002972		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Aircraft Owners & Pilots Assoc.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2005
Mailing Address 421 Aviation Way		<b>Transaction ID:</b> 50408.C13181
City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Allianz Life Ins. Co PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2005
Mailing Address 591 Redwood Hwy Ste 4000		<b>Transaction ID:</b> 50408.C13148
City State Zip Code Mill Valley CA 94941-3039	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. <b>C</b> C00095109		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** American Dental Political Action Comm

Full Name (Last, First, Middle Initial)  
Mailing Address 1111 14th Street, N.W. - Suite 110

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 07 / 2005

**Transaction ID:** 50408.C13049

Amount of Each Receipt this Period  
 1000.00

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

**B.** American Maritime Officers

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

City Brooklyn State NY Zip Code 11232

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

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2005

**Transaction ID:** 50408.C13096

Amount of Each Receipt this Period  
 1000.00

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

**C.** American Meat Institute PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1700 N Moore St. Ste 1600

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2005

**Transaction ID:** 50408.C13149

Amount of Each Receipt this Period  
 1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** American Sugar Cane League

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 938

City State Zip Code  
Thibodaux LA 70302-0938

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

**Transaction ID:** 50408.C13150

Amount of Each Receipt this Period  
500.00

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

**B.** Anheuser-Busch PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1404 I St. NW, Suite 200

City State Zip Code  
Washington DC 20005-2225

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2005

**Transaction ID:** 50408.C13242

Amount of Each Receipt this Period  
2500.00

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

**C.** Associated Equipment Distributors PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 121 N Henry St.

City State Zip Code  
Alexandria VA 22314-2903

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2005

**Transaction ID:** 50408.C13189

Amount of Each Receipt this Period  
1250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) A. Bank of America PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 730 15th Street N.W.		Transaction ID: 50408.C13153
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	
Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) B. BANKPAC		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address American Bankers Association 1120 Connecticut Ave NW		Transaction ID: 50408.C13152
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00004275	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	
Election Cycle-to-Date	1500.00	

Full Name (Last, First, Middle Initial) C. BANKPAC		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address American Bankers Association 1120 Connecticut Ave NW		Transaction ID: 50408.C13151
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00004275	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	
Election Cycle-to-Date	2500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

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

Mailing Address Box 961039

City State Zip Code  
Fort Worth TX 76102-0039

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2005

**Transaction ID:** 50408.C13182

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
College of American Pathologists PAC

Mailing Address 1350 I St NW Ste 590

City State Zip Code  
Washington DC 20005-3305

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

**Transaction ID:** 50408.C13166

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ConAgra Good Government Assoc.

Mailing Address One ConAgra Dr

City State Zip Code  
Omaha NE 68102-5501

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2005

**Transaction ID:** 50408.C13098

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Dealers Election Action Committee of

Mailing Address The National Automobile Dealers As  
8400 Westpark Drive

City State Zip Code  
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2005

**Transaction ID:** 50408.C13143

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Farm Credit PAC

Mailing Address 50 F St NW Ste 900

City State Zip Code  
Washington DC 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 10 / 2005

**Transaction ID:** 50210.C12877

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Food Marketing Institute PAC

Mailing Address 655 15th St NW Ste 700

City State Zip Code  
Washington DC 20005-5701

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

**Transaction ID:** 50408.C13160

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Latham For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) FPL PAC-Florida Power & Light Co Mailing Address 700 Universe Blvd. PO Box 14000 City Juno Beach State FL Zip Code 33408-0420 FEC ID number of contributing federal political committee. <b>C</b> C00064774 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006 Election Cycle-to-Date 5000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2005 <b>Transaction ID:</b> 50408.C13230 Amount of Each Receipt this Period 5000.00 Receipt <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) GM PAC-General Motors Mailing Address 1660 L St NW Ste 400 City Washington State DC Zip Code 20036-5640 FEC ID number of contributing federal political committee. <b>C</b> C00076810 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006 Election Cycle-to-Date 3000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2005 <b>Transaction ID:</b> 50408.C13144 Amount of Each Receipt this Period 3000.00 Receipt <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) GMA PAC-Grocery Manufacturers of Am Mailing Address Susan M Stout, Sr Dir, Fed Affairs 2401 Pennsylvania Ave NW City Washington State DC Zip Code 20037 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006 Election Cycle-to-Date 1000.00		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2005 <b>Transaction ID:</b> 50408.C13145 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
---	--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
H.J. Heinz Company PAC

Mailing Address 600 Grant St Fl 60  
USX Tower, 60th Floor

City Pittsburgh State PA Zip Code 15219-2714

FEC ID number of contributing federal political committee. **C** C00336040

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2005

**Transaction ID:** 50408.C13162

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Honeywell International PAC

Mailing Address 101 Constitution Ave NW Ste 500W

City Washington State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2005

**Transaction ID:** 50408.C13174

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ice Cream Milk & Cheese PAC

Mailing Address Kristin Wilcox  
1250 H St NW Ste 900

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2005

**Transaction ID:** 50408.C13175

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
John Deere PAC

Mailing Address 1 John Deere Pl

City Moline State IL Zip Code 61265-8010

FEC ID number of contributing federal political committee. **C** C00204099

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
03 / 03 / 2005

**Transaction ID:** 50408.C13048

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Land O Lakes PAC

Mailing Address PO Box 64101

City Saint Paul State MN Zip Code 55164-0101

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Occupation

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

Election Cycle-to-Date 2500.00

Date of Receipt  
03 / 16 / 2005

**Transaction ID:** 50408.C13163

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
MINN-DAK Farmers PAC

Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075

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

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
03 / 16 / 2005

**Transaction ID:** 50408.C13164

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> National Council of Farmer Co-ops PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2005	
Mailing Address 50 F Street NW - Suite 900		<b>Transaction ID:</b> 50408.C13234	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> National Telecommunications Coop. Assoc		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2005	
Mailing Address 4121 Wilson Blvd 10 th Floor		<b>Transaction ID:</b> 50408.C13184	
City State Zip Code Arlington VA 22203-1839	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00004473		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> PAC of Chicago Board of Trade		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2005	
Mailing Address 141 W Jackson Blvd		<b>Transaction ID:</b> 50408.C13228	
City State Zip Code Chicago IL 60604-3139	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00059832		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Occupation Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Pork PAC / Natl Pork Producers

Mailing Address P.O. Box 10383  
122 CSt, Nw, Suite 875

City State Zip Code  
Des Moines IA 50306

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2005

**Transaction ID:** 50408.C13236

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
PRINPAC-Principal Financial Grp

Mailing Address 711 High St

City State Zip Code  
Des Moines IA 50392-0001

FEC ID number of contributing federal political committee. **C** C00128918

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2005

**Transaction ID:** 50408.C13167

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address PO Box 718  
401 N Main St.

City State Zip Code  
Winston Salem NC 27102-0718

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2005

**Transaction ID:** 50408.C13055

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. SAFPAC-Society of American Florists</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2005	
Mailing Address 1601 Duke St		<b>Transaction ID: 50408.C13238</b>	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00111302		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Swisher PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005	
Mailing Address 459 E. 16th Street		<b>Transaction ID: 50408.C13169</b>	
City State Zip Code Jacksonville FL 32206		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00312785		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Troutman Sanders LLP PAC, Inc.</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2005	
Mailing Address 600 Peachtree St. NE Suite 5200		<b>Transaction ID: 50408.C13057</b>	
City State Zip Code Atlanta GA 30308-2216		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006		Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

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

Mailing Address PO Box 2020

City State Zip Code  
Springdale AR 72765

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2005

**Transaction ID:** 50408.C13146

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
UPSPAC-United Parcel Service PAC

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code  
Atlanta GA 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2005

**Transaction ID:** 50408.C13170

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
US Cuba Democracy PAC

Mailing Address 1200 W 49th St

City State Zip Code  
Hialeah FL 33012-3217

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2005

**Transaction ID:** 50408.C13243

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 62
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

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

Mailing Address 122 C Street NW Fourth Floor  
Suite 380

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 16 / 2005

Transaction ID: 50408.C13171

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	51950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 62
	(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"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Latham For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mentzer Media Services

Mailing Address 600 Fairmount Ave.  
Suite 306

City State Zip Code  
Towson MD 21286-

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2434.95

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2005

**Transaction ID:** 50408.C13052

Amount of Each Receipt this Period  
2434.95

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

**B.** Full Name (Last, First, Middle Initial)  
Qwest Communications

Mailing Address Political Accounts  
70 West 4th St., 1st Floor

City State Zip Code  
Saint Paul MN 55102-

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
3014.46

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2005

**Transaction ID:** 50210.C12878

Amount of Each Receipt this Period  
3014.46

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5449.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5449.41</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 62
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> First Citizens National Bank Mailing Address P.O. Box 268 City State Zip Code Clarion IA 50525-		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 50210.C12857 Amount of Each Receipt this Period 132.41
FEC ID number of contributing federal political committee. <b>C</b>		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	Occupation Election Cycle-to-Date 436.06	

Full Name (Last, First, Middle Initial) <b>B.</b> First Citizens National Bank Mailing Address P.O. Box 268 City State Zip Code Clarion IA 50525-		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 5 <b>Transaction ID:</b> 50408.C13059 Amount of Each Receipt this Period 67.23
FEC ID number of contributing federal political committee. <b>C</b>		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	Occupation Election Cycle-to-Date 503.29	

Full Name (Last, First, Middle Initial) <b>C.</b> First Citizens National Bank Mailing Address P.O. Box 268 City State Zip Code Clarion IA 50525-		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 50408.C13253 Amount of Each Receipt this Period 115.73
FEC ID number of contributing federal political committee. <b>C</b>		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2006	Occupation Election Cycle-to-Date 619.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>315.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>315.37</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		<b>Transaction ID:</b> 50125.E3204 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 5
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 5250.00
City Washington State DC Zip Code 20003-1164	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 2 YR SOFTWARE SUPPORT AGREEMENT		2 YR SOFTWARE SUPPORT AGREEMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bogart Associates</b>		<b>Transaction ID:</b> 50408.E3265 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 432.26
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW		SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bogart Associates</b>		<b>Transaction ID:</b> 50408.E3266 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 100.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMMISSIONS		<b>[MEMO ITEM]</b> MEMO: COMMISSIONS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5682.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Bogart Associates</b>		Transaction ID: 50408.E3267 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 332.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement MAILING COSTS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MAILING COSTS

Full Name (Last, First, Middle Initial) <b>B. Christian Printers, Inc.</b>		Transaction ID: 50408.E3269 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 1411 21st Street		Amount of Each Disbursement this Period 543.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50311-	Purpose of Disbursement INITATIONS ENVELOPES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INITATIONS ENVELOPES

Full Name (Last, First, Middle Initial) <b>C. Direct Mail Systems Inc.</b>		Transaction ID: 50125.E3200 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 5
Mailing Address 12450 Automobile Boulevard		Amount of Each Disbursement this Period 2200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clearwater State FL Zip Code 33762-	Purpose of Disbursement POSTAGE FOR MBRSH MAILING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE FOR MBRSH MAILING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2743.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Direct Mail Systems Inc.</b>		<b>Transaction ID:</b> 50125.E3205 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 5
Mailing Address 12450 Automobile Boulevard		Amount of Each Disbursement this Period 4921.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clearwater State FL Zip Code 33762-	Purpose of Disbursement MEMBER CARD MAILING COSTS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEMBER CARD MAILING COSTS

Full Name (Last, First, Middle Initial) <b>B. First Bankcard</b>		<b>Transaction ID:</b> 50125.E3206 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 2814		Amount of Each Disbursement this Period 469.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68103-2814	Purpose of Disbursement SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Elys Lockup Storage</b>		<b>Transaction ID:</b> 50210.E3245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 5
Mailing Address 3034 Bayberry Rd.		Amount of Each Disbursement this Period 85.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ames State IA Zip Code 50010-	Purpose of Disbursement MONTHLY STARAGE UNIT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MONTHLY STARAGE UNIT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5390.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. First Bankcard</b>		Transaction ID: 50210.E3246 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 2814		Amount of Each Disbursement this Period 78.42
City Omaha State NE Zip Code 68103-2814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL FEES/LATE FEES Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: ANNUAL FEES/LATE FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. La Quinta Resort Spa</b>		Transaction ID: 50210.E3244 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 5
Mailing Address 49499 Eisenhower Dr.		Amount of Each Disbursement this Period 305.00
City La Quinta State CA Zip Code 92253-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOTEL - CAMPAIGN DONOR TRIP Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: HOTEL - CAMPAIGN DONOR TRIP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Bankcard</b>		Transaction ID: 50210.E3240 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 5
Mailing Address P.O. Box 2814		Amount of Each Disbursement this Period 296.39
City Omaha State NE Zip Code 68103-2814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	296.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Elys Lockup Storage</b>		Transaction ID: 50210.E3252 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 5
Mailing Address 3034 Bayberry Rd.		Amount of Each Disbursement this Period 85.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ames State IA Zip Code 50010-	Purpose of Disbursement MONTHLY STORAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MONTHLY STORAGE

Full Name (Last, First, Middle Initial) <b>B. Red Hot &amp; Blue Catering</b>		Transaction ID: 50210.E3251 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 5
Mailing Address 1701 Clarendon Blvd. Suite 105		Amount of Each Disbursement this Period 210.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22209-	Purpose of Disbursement SUPPER FOR IA CAMPAIGN STAFF Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: SUPPER FOR IA CAMPAIGN STAFF

Full Name (Last, First, Middle Initial) <b>C. First Bankcard</b>		Transaction ID: 50210.E3247 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 2814		Amount of Each Disbursement this Period 1917.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68103-2814	Purpose of Disbursement SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1917.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. The Congressional Institute</b>		Transaction ID: 50210.E3248 Date of Disbursement MM / DD / YYYY 02 / 08 / 2005
Mailing Address 316 Pennsylvania Ave. SE #403		Amount of Each Disbursement this Period 1011.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1146	Purpose of Disbursement REPUBLICAN PLANNING CONV Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: REPUBLICAN PLANNING CONV

Full Name (Last, First, Middle Initial) <b>B. Continental Airlines</b>		Transaction ID: 50210.E3249 Date of Disbursement MM / DD / YYYY 02 / 08 / 2005
Mailing Address P.O. Box 4607		Amount of Each Disbursement this Period 259.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77210-	Purpose of Disbursement PLANE TKT FOR CAMPAIGN (PS/DSM) Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PLANE TKT FOR CAMPAIGN (PS/DSM)

Full Name (Last, First, Middle Initial) <b>C. Senate Caterers/Cash Vault</b>		Transaction ID: 50408.E3303 Date of Disbursement MM / DD / YYYY 02 / 08 / 2005
Mailing Address Senate Office Bldgs 1st & C Streets NE		Amount of Each Disbursement this Period 647.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20510-	Purpose of Disbursement GRASSLEY BREAKFAST Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: GRASSLEY BREAKFAST

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. First Bankcard</b>		<b>Transaction ID:</b> 50408.E3270 Date of Disbursement 03 / 08 / 2005
Mailing Address P.O. Box 2814		Amount of Each Disbursement this Period 644.95
City Omaha State NE Zip Code 68103-2814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elys Lockup Storage</b>		<b>Transaction ID:</b> 50408.E3287 Date of Disbursement 03 / 08 / 2005
Mailing Address 3034 Bayberry Rd.		Amount of Each Disbursement this Period 85.60
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MONTHLY STORAGE Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: MONTHLY STORAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. La Quinta Resort Spa</b>		<b>Transaction ID:</b> 50408.E3288 Date of Disbursement 03 / 08 / 2005
Mailing Address 49499 Eisenhower Dr.		Amount of Each Disbursement this Period 404.38
City La Quinta State CA Zip Code 92253-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BAL ON HOTEL Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: BAL ON HOTEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	644.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. The Phoenician Resort</b>		Transaction ID: 50408.E3289 Date of Disbursement 03 / 08 / 2005	
Mailing Address 6000 East Camelback Rd.		Amount of Each Disbursement this Period 72.88	
City Scottsdale State AZ Zip Code 85251-	Purpose of Disbursement MEALS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEALS	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: 50408.E3290 Date of Disbursement 03 / 08 / 2005	
Mailing Address 1333 Buckeye Road		Amount of Each Disbursement this Period 82.09	
City Ames State IA Zip Code 50010-	Purpose of Disbursement OFFICE SUPPLIES TONER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES TONER	

Full Name (Last, First, Middle Initial) <b>C. First Citizens National Bank</b>		Transaction ID: 50210.E3250 Date of Disbursement 01 / 31 / 2005	
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 16.28	
City Clarion State IA Zip Code 50525-	Purpose of Disbursement JAN BANK FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	JAN BANK FEES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. First Citizens National Bank</b>		<b>Transaction ID:</b> 50408.E3256 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 519.31
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 1120-POL 2004 INCOME TAX	Candidate Name	1120-POL 2004 INCOME TAX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Citizens National Bank</b>		<b>Transaction ID:</b> 50408.E3286 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 21.73
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement S/C ON BANK ACCTS	Candidate Name	S/C ON BANK ACCTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Citizens National Bank</b>		<b>Transaction ID:</b> 50408.E3262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 259.36
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 941- 1ST QTR 05	Candidate Name	941- 1ST QTR 05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	800.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. First Citizens National Bank</b>		<b>Transaction ID:</b> 50408.E3306 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 30.00
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DEPOSIT SLIPS	Candidate Name	DEPOSIT SLIPS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Citizens National Bank</b>		<b>Transaction ID:</b> 50408.E3305 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 268		Amount of Each Disbursement this Period 17.42
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAR BANK FEES	Candidate Name	MAR BANK FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. IA Workforce Development</b>		<b>Transaction ID:</b> 50210.E3238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 5
Mailing Address 1000 East Grand Avenue		Amount of Each Disbursement this Period 1889.92
City Des Moines State IA Zip Code 50309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 4TH QTR/2004 UNEMPLOYMENT	Candidate Name	4TH QTR/2004 UNEMPLOYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1937.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. IRS United States Treasury</b>		<b>Transaction ID: 50210.E3237</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 5
Mailing Address 5800 E Bannister Rd		Amount of Each Disbursement this Period 337.02
City Kansas City State MO Zip Code 64134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 940 EZ 2004 FUTA	Candidate Name	940 EZ 2004 FUTA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Thomas Latham</b>		<b>Transaction ID: 50408.E3255</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 2218 Ironwood Ct.		Amount of Each Disbursement this Period 2322.89
City Ames State IA Zip Code 50014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alaksa Airlines</b>		<b>Transaction ID: 50408.E3304</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 68900		Amount of Each Disbursement this Period 595.39
City Seattle State WA Zip Code 98168-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN TRAVEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAMPAIGN TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2659.91</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. UST, Inc.</b>		Transaction ID: 50408.E3302 Date of Disbursement 02 / 22 / 2005	
Mailing Address 655 15th St., NW, ste 410		Amount of Each Disbursement this Period 1727.50	
City Washington State DC Zip Code 20005-	Purpose of Disbursement FLIGHTS FOR CAMPAIGN Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FLIGHTS FOR CAMPAIGN	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Liberty Mutual Insurance Group</b>		Transaction ID: 50210.E3241 Date of Disbursement 02 / 07 / 2005	
Mailing Address 75 Remittance Dr. Suite 1837		Amount of Each Disbursement this Period 576.00	
City Chicago State IL Zip Code 60675-1837	Purpose of Disbursement WORKMANS COMP EST Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WORKMANS COMP EST	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Liberty Mutual Insurance Group</b>		Transaction ID: 50408.E3271 Date of Disbursement 03 / 08 / 2005	
Mailing Address 75 Remittance Dr. Suite 1837		Amount of Each Disbursement this Period 15.00	
City Chicago State IL Zip Code 60675-1837	Purpose of Disbursement BAL ON WC PREMIUM Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BAL ON WC PREMIUM	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	591.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Macdonald Letter Service</b>		<b>Transaction ID:</b> 50408.E3272
Mailing Address 1632 Ohio		Date of Disbursement MM / DD / YYYY 03 / 08 / 2005
City Des Moines	State IA	Zip Code 50314-
Purpose of Disbursement ENVELOPES/BUSINESS CARDS	Category/ Type	Amount of Each Disbursement this Period 858.54
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>ENVELOPES/BUSINESS CARDS</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Melissa McArthur</b>		<b>Transaction ID:</b> 50125.E3202
Mailing Address 212 Hayward Ave #204		Date of Disbursement MM / DD / YYYY 01 / 11 / 2005
City Ames	State IA	Zip Code 50014-
Purpose of Disbursement VOICE RECORDER	Category/ Type	Amount of Each Disbursement this Period 37.44
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>VOICE RECORDER</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NRCC-Natl Republican Congressional Comm</b>		<b>Transaction ID:</b> 50125.E3201
Mailing Address 323 1st St SE		Date of Disbursement MM / DD / YYYY 01 / 11 / 2005
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement 2005 WINTER MEETING	Category/ Type	Amount of Each Disbursement this Period 250.00
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>2005 WINTER MEETING</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1145.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Qwest Communications</b>		<b>Transaction ID:</b> 50408.E3254 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 22 / 2005
Mailing Address Political Accounts 70 West 4th St., 1st Floor		Amount of Each Disbursement this Period 33.90
City Saint Paul State MN Zip Code 55102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 800 NUMBER FOR CAMPAIGN	Candidate Name	800 NUMBER FOR CAMPAIGN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Qwest Communications</b>		<b>Transaction ID:</b> 50408.E3258 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 01 / 2005
Mailing Address Political Accounts 70 West 4th St., 1st Floor		Amount of Each Disbursement this Period 348.50
City Saint Paul State MN Zip Code 55102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DEPOSIT/INSTALL WR LINE	Candidate Name	DEPOSIT/INSTALL WR LINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Qwest Communications</b>		<b>Transaction ID:</b> 50408.E3273 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 08 / 2005
Mailing Address Political Accounts 70 West 4th St., 1st Floor		Amount of Each Disbursement this Period 36.38
City Saint Paul State MN Zip Code 55102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 800 NUMBER LINES	Candidate Name	800 NUMBER LINES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	418.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. William J. Rogers</b>		<b>Transaction ID: 50125.E3210</b> Date of Disbursement 01 / 21 / 2005
Mailing Address 3103 University Ave #5		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50311-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DEC CONSULTING FEES	Candidate Name	DEC CONSULTING FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. William J. Rogers</b>		<b>Transaction ID: 50210.E3242</b> Date of Disbursement 02 / 07 / 2005
Mailing Address 3103 University Ave #5		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50311-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTING FEES	Candidate Name	CAMPAIGN CONSULTING FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. William J. Rogers</b>		<b>Transaction ID: 50408.E3259</b> Date of Disbursement 03 / 01 / 2005
Mailing Address 3103 University Ave #5		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50311-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN DIRECTOR	Candidate Name	CAMPAIGN DIRECTOR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Severson</b>		<b>Transaction ID: 50125.E3199</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 5
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 507.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belmont State IA Zip Code 50421-	Purpose of Disbursement DEC WAGES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DEC WAGES

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Severson</b>		<b>Transaction ID: 50210.E3243</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 5
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 353.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belmont State IA Zip Code 50421-	Purpose of Disbursement JAN WAGES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	JAN WAGES

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Severson</b>		<b>Transaction ID: 50408.E3260</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address 1610 Obrien Ave		Amount of Each Disbursement this Period 644.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belmont State IA Zip Code 50421-	Purpose of Disbursement FEB WAGES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEB WAGES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1505.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Sigler Companies</b>		Transaction ID: 50210.E3236 Date of Disbursement 01 / 31 / 2005
Mailing Address 413 Northwestern P.O. Box 887		Amount of Each Disbursement this Period 1702.70
City Ames State IA Zip Code 50010-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHRISTMAS MAILING BALANCE		CHRISTMAS MAILING BALANCE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Treasurer, State of Iowa</b>		Transaction ID: 50210.E3235 Date of Disbursement 01 / 31 / 2005
Mailing Address PO Box 10411		Amount of Each Disbursement this Period 1253.22
City Des Moines State IA Zip Code 50306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 4TH QTR - 2004 S/W		4TH QTR - 2004 S/W
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Treasurer, State of Iowa</b>		Transaction ID: 50408.E3257 Date of Disbursement 02 / 22 / 2005
Mailing Address PO Box 10411		Amount of Each Disbursement this Period 231.00
City Des Moines State IA Zip Code 50306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IA 1120 - 2004 STATE INCOME TAX		IA 1120 - 2004 STATE INCO- ME TAX
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3186.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. United States Post Office</b>		<b>Transaction ID:</b> 50125.E3203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 5
Mailing Address 115 1st ST NE		Amount of Each Disbursement this Period 150.00
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MAIL PERMIT FEE	Candidate Name	MAIL PERMIT FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United States Post Office</b>		<b>Transaction ID:</b> 50125.E3207 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 5
Mailing Address 115 1st ST NE		Amount of Each Disbursement this Period 629.85
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ANNUAL BOX FEE BRM ACCT PRIORITY	Candidate Name	ANNUAL BOX FEE BRM ACCT PRIORITY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. United States Post Office</b>		<b>Transaction ID:</b> 50408.E3261 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address 115 1st ST NE		Amount of Each Disbursement this Period 10.00
City Clarion State IA Zip Code 50525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	789.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. United States Post Office</b>		<b>Transaction ID:</b> 50408.E3263 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 115 1st ST NE		Amount of Each Disbursement this Period 69.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarion State IA Zip Code 50525-	Purpose of Disbursement STAMPS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STAMPS

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 50210.E3234 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 5
Mailing Address 777 Big Timber Rd		Amount of Each Disbursement this Period 56.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Elgin State IL Zip Code 60123-1488	Purpose of Disbursement MONTHLY CELL USE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MONTHLY CELL USE

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 50408.E3253 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 777 Big Timber Rd		Amount of Each Disbursement this Period 58.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Elgin State IL Zip Code 60123-1488	Purpose of Disbursement CAMPAIGN CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN CELL PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	184.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	35911.58

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Bob Beauprez for Congress</b>		<b>Transaction ID:</b> 50408.E3275 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 501		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wheat Ridge State CO Zip Code 80034-	Category/ Type	
Purpose of Disbursement HOUSE SEAT CO/7 DONATION		
Candidate Name ROBERT LOUIS BEAUPREZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Texans for Henry Bonilla</b>		<b>Transaction ID:</b> 50408.E3285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address PO Box 17292		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78217-0292	Category/ Type	
Purpose of Disbursement HOUSE SEAT TX/20 DONATION		
Candidate Name HENRY BONILLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mike Fitzpatrick for Congress</b>		<b>Transaction ID:</b> 50408.E3276 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 115 North Broad St.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Doylestown State PA Zip Code 18901-	Category/ Type	
Purpose of Disbursement HOUSE SEAT PA/8 DONATION		
Candidate Name MICHAEL G FITZPATRICK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Jim Gerlach for Congress Committee</b>		<b>Transaction ID:</b> 50408.E3277 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Downingtown State PA Zip Code 19335-	Category/ Type	
Purpose of Disbursement HOUSE SEAT PA/6 CONTRIBUTION		
Candidate Name JIM GERLACH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marilyn Musgrave for Congress</b>		<b>Transaction ID:</b> 50408.E3278 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 5401 Stone Creek Circle Suite 77		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Loveland State CO Zip Code 80538-	Category/ Type	
Purpose of Disbursement DONATION		
Candidate Name MARILYN N MUSGRAVE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Anne Northup for Congress</b>		<b>Transaction ID:</b> 50408.E3279 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 7313		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40257-	Category/ Type	
Purpose of Disbursement HOUSE SEAT KY/3 CONTRIBUTION		
Candidate Name ANNE M. NORTHUP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Jon Porter for Congress</b>		<b>Transaction ID:</b> 50408.E3280 Date of Disbursement 03 / 08 / 2005
Mailing Address P.O. Box 26087		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89126-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement HOUSE SEAT NV/1 DONATION	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name JON C SR PORTER	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3	

Full Name (Last, First, Middle Initial) <b>B. Friends of Dave Reichert</b>		<b>Transaction ID:</b> 50408.E3281 Date of Disbursement 03 / 08 / 2005
Mailing Address P.O. Box 53322		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bellevue State WA Zip Code 98015-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement HOUSE SEAT WA/8 DONATION	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name DAVID CONGRESSMAN REICHERT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	

Full Name (Last, First, Middle Initial) <b>C. Rick Renzi for Congress</b>		<b>Transaction ID:</b> 50408.E3282 Date of Disbursement 03 / 08 / 2005
Mailing Address P.O. Box 2383		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Prescott State AZ Zip Code 86302-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement HOUSE SEAT AZ/1 DONATION	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name RICHARD G RENZI	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Latham For Congress

Full Name (Last, First, Middle Initial) <b>A. Rob Simmons For Congress</b>		<b>Transaction ID: 50408.E3283</b>	
Mailing Address P.O. Box 268, Drawer 271		Date of Disbursement 03 / 08 / 2005	
City Stonington	State CT	Zip Code 06378-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement HOUSE SEAT CT/2 DONATION		Category/ Type	
Candidate Name ROB SIMMONS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT	District: 02		

Full Name (Last, First, Middle Initial) <b>B. Friends of Mike Sodrel</b>		<b>Transaction ID: 50408.E3284</b>	
Mailing Address 702 North Shore Drive Suite 500		Date of Disbursement 03 / 08 / 2005	
City Jeffersonville	State IN	Zip Code 47130-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement HOUSE SEAT IN/9 CONTRIBUTION		Category/ Type	
Candidate Name MICHAEL E. SODREL		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN	District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11000.00</b>