

**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

King for Congress

ADDRESS (number and street)

126 Des Moines Street

P.O. Box 576

Check if different than previously reported. (ACC)

Osceola

IA

51458

2. **FEC IDENTIFICATION NUMBER**

C00373563

CITY

STATE

ZIP CODE

STATE DISTRICT

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

IA

05

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 2003 through 03 31 2003

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 Coil

Signature of Treasurer Electronically Filed by Robert Coil Date 04 06 2003

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

King for Congress

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y  
0 1 0 1 2 0 0 3 0 3 3 1 2 0 0 3

	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(a)).....	51144.00	72496.69
(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)).....	51144.00	72496.69
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	65570.97	156911.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	11.25	426.86
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65559.72	156484.30
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>35902.74</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>176804.72</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
King for Congress

Report Covering the Period: From: <sup>M M</sup> 0 1 <sup>D J</sup> 0 1 <sup>Y Y Y Y</sup> 2 0 0 3 To: <sup>V V</sup> 0 3 <sup>U J</sup> 3 1 <sup>Y Y Y Y</sup> 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5150.00	
(ii) Unitemized.....	22394.00	
(iii) TOTAL of contributions	27544.00	47646.00
from individuals..... ▶		
(b) Political Party Committees.....	100.00	100.00
(c) Other Political Committees (such as PACS).....	23500.00	24750.69
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	51144.00	72496.69
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	11.25	426.86
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	51155.25	72923.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	65570.97	156911.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	51852.74
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	51852.74
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	<b>65570.97</b>	<b>209763.90</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50318.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	51155.25
25. SUBTOTAL (add Line 23 and Line 24).....	101473.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65570.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35902.74

**SCHEDULE A (FEC Form F3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
King for Congress

Full Name (Last, First, Middle Initial) A. Travis Anderson		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 8 Sand Spring Ln		Transaction ID: SA11A1.17251
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gilder Gagnon Howe CO. LLC	Occupation Stockbroker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Walter Barry		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 296D Gale Rd		Transaction ID: SA11A1.16663
City Wayzata	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer NA	Occupation retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Bruce A Baumgart		Date of Receipt M / D / Y 03 / 12 / 2003
Mailing Address 4813 78th		Transaction ID: SA11A1.16890
City Urbandale	State IA	Zip Code 50322
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

**SCHEDULE A (FEC Form F3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
King for Congress

Full Name (Last, First, Middle Initial) A. Dana L. Counter		Date of Receipt M / D / Y 03 / 12 / 2003
Mailing Address 104 Perch St		Transaction ID: SA11A1.16908
City Storm Lake	State IA	Zip Code 50588
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Steven Ellis		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 564B Strawberry Hill Dr Apt C		Transaction ID: SA11A1.17252
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer First Union Securities	Occupation Investment Banker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robina H Jackson		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address 4909 Lakashore Dr		Transaction ID: SA11A1.16458
City Okoboji	State IA	Zip Code 51355
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. NRA POLITICAL VICTORY FUND</b>		Date of Receipt M / D / Y 01 / 28 / 2003
Mailing Address 11250 WAPLES MILL ROAD		Transaction ID: SA11A1.16322
City FAIRFAX	State VA	Zip Code 22030
FEC ID number of contributing federal political committee. <b>C C00053553</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Carla S Pike</b>		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 21043 135th		Transaction ID: SA11A1.16664
City Whiting	State IA	Zip Code 51063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation CPA - Farmer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Joann Reimers</b>		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 210 S Hanover		Transaction ID: SA11A1.17083
City Schaller	State IA	Zip Code 51063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer Schaller Telephone	Occupation Co-Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2400.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 48	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Deanna Roeder</b>		Date of Receipt M / D / Y 02 / 23 / 2003
Mailing Address 259B Quail Ave		Transaction ID: SA11A1.16965
City Arthut	State IA	Zip Code 51431
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation farms	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Norman Rogers</b>		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 835 San Rafael		Transaction ID: SA11A1.16969
City Davis	State CA	Zip Code 95616
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Z World Inc.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Charles Schefer</b>		Date of Receipt M / D / Y 01 / 11 / 2003
Mailing Address 6850 Panorama Dr.		Transaction ID: SA11A1.16283
City Panora	State IA	Zip Code 50218
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation land improvement contractor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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



**SCHEDULE A (FEC Form F3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 48	
	<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)  
 King for Congress

Full Name (Last, First, Middle Initial) A. David R. Yauberg		Date of Receipt M / D / Y 01 / 06 / 2003
Mailing Address 215th S. 10th		Transaction ID: SA11A1.16259
City	State	Zip Code
Sac City	IA	50583
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  250.00
Name of Employer	Occupation doctor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼  250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	5150.00

**SCHEDULE A (FEC Form F3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 40	
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input 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)  
 King for Congress

Full Name (Last, First, Middle Initial) A. Decatur County Republican Central Committee		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address N/A		Transaction ID: SA11B.17180
City Lamoni	State IA	Zip Code 50140
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  100.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B-1))
Receipt For: 2002 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼  100.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	100.00
TOTAL This Period (last page this line number only) .....	▶	100.00

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 120 Park Avenue		Transaction ID: SA11C.17218
City State Zip Code New York NY 10017	FEC ID number of contributing federal political committee. <b>C C00089136</b>	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)</b>		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 222 S PROSPECT AVENUE C/O FINANCE DEPT		Transaction ID: SA11C.17098
City State Zip Code PARK RIDGE IL 60068	FEC ID number of contributing federal political committee. <b>C CD0173153</b>	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 101 NORTH THIRD STREET		Transaction ID: SA11C.17170
City State Zip Code MOORHEAD MN 56560	FEC ID number of contributing federal political committee. <b>C CD0110338</b>	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2003
Mailing Address 1156 15TH ST NW SUITE 1101		Transaction ID: SA11C.17157
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee. <b>C</b> C00167684		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN SUGAR CANE LEAGUE POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2003
Mailing Address P O BOX 938		Transaction ID: SA11C.17164
City	State	Zip Code
THIBODAUX	LA	70302
FEC ID number of contributing federal political committee. <b>C</b> CD0081414		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. ASHLAND IND. POLITICAL ACTION COMMITTEE FOR EMPLOYEES (PAGE)</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2003
Mailing Address 50 E. RIVERCENTER BOULEVARD P. O. BOX 381		Transaction ID: SA11C.17092
City	State	Zip Code
COVINGTON	KY	41012
FEC ID number of contributing federal political committee. <b>C</b> CD0075994		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. CME/PAC CHICAGO MERCANTILE EXCHANGE PAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 30 SOUTH WACKER DRIVE		Transaction ID: SA11C.17258
City	State	Zip Code
CHICAGO	IL	60606
FEC ID number of contributing federal political committee. <b>C C00076299</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. CONAGRA FOODS GOOD GOVERNMENT ASSOCIATION</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address ONE CONAGRA DRIVE		Transaction ID: SA11C.17254
City	State	Zip Code
OMAHA	NE	68102
FEC ID number of contributing federal political committee. <b>C CD0087874</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. GROPLIFE AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 115B 15TH STREET NW SUITE 400		Transaction ID: SA11C.17258
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee. <b>C CD0248849</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address P O BOX 909700		Transaction ID: SA11C.17161
City KANSAS CITY	State MO	Zip Code 64180
FEC ID number of contributing federal political committee. <b>C C00001388</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE FOODPAC</b>		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 855 Fifteenth Street NW Suite 700		Transaction ID: SA11C.17094
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C CD0014555</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address ONE THOMAS CIRCLE NW SUITE 400		Transaction ID: SA11C.17162
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C CD0032698</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. IOWA CORN GROWERS PAC</b>		Date of Receipt M / D / Y 03 / 26 / 2003
Mailing Address 5505 NW 88TH STREET SUITE 100		Transaction ID: SA11C.17128
City JOHNSTON	State IA	Zip Code 50131
FEC ID number of contributing federal political committee. <b>C</b> C00371856		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 16011 NE 36TH WAY BOX 97017		Transaction ID: SA11C.17172
City REDMOND	State WA	Zip Code 98073
FEC ID number of contributing federal political committee. <b>C</b> C00227548		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. MINEPAG A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 101 Constitution Ave. NW 500 East Suite 500 East		Transaction ID: SA11C.17168
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b> C00304634		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 7525 RED RIVER ROAD		Transaction ID: SA11C.17177
City WAHPETON	State ND	Zip Code 58075
FEC ID number of contributing federal political committee. <b>C</b> C00164839		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 1101 King Street Suite 800 Suite 800		Transaction ID: SA11C.17091
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b> CD0144788		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 2101 WILSON BOULEVARD SUITE 400		Transaction ID: SA11C.17175
City ARLINGTON	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. <b>C</b> CD0325324		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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



**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. NRA POLITICAL VICTORY FUND</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 11250 WAPLES MILL ROAD		Transaction ID: SA11C.17156
City State Zip Code FAIRFAX VA 22030	FEC ID number of contributing federal political committee. <b>C C00053553</b>	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. NSSGA Rocker</b>		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 2101 Wilson Blvd Suite 100		Transaction ID: SA11C.17090
City State Zip Code Arlington VA 22201	FEC ID number of contributing federal political committee. <b>C C00089458</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 1050 CONNECTICUT AVE NW STE 1100		Transaction ID: SA11C.17173
City State Zip Code WASHINGTON DC 20038	FEC ID number of contributing federal political committee. <b>C C00368142</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
	Election Cycle-to-Date ▼ 1000.00	

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. RJR POLITICAL ACTION COMMITTEE: R. J. REYNOLDS TOBACCO COMPANY</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address P. O. Box 718		Transaction ID: SA11C.17159
City Winston-Salem	State NC	Zip Code 27102
FEC ID number of contributing federal political committee. <b>C C00042002</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. James E Smith</b>		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 5214 Farrington Rd		Transaction ID: SA11C.17096
City Bethesda	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer The Smith-Free Group	Occupation Chairman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. SONY PICTURES ENTERTAINMENT INC. PAC</b>		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 10202 W. WASHINGTON BLVD.		Transaction ID: SA11C.17168
City CULVER CITY	State CA	Zip Code 90232
FEC ID number of contributing federal political committee. <b>C C00282038</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

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

**SCHEDULE A (FEC Form F3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 40	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION)		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 1717 ARCH STREET 47TH FL S		Transaction ID: SA11C.17253
City PHILADELPHIA	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C C00186288		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(A-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. WAL-MART STORES INC PAC FOR RESPONSIBLE GOVERNMENT		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 702 SW 8TH STREET		Transaction ID: SA11C.17129
City BENTONVILLE	State AR	Zip Code 72716
FEC ID number of contributing federal political committee. C CD0093054		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(A-1))
Receipt For: 2002 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	3000.00
TOTAL This Period (last page this line number only) .....	▶	23500.00

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20 / 40
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Conoco</b>		Transaction ID: SB17.1633B Date of Disbursement 02 / 05 / 2003	
Mailing Address Hwy 39 & 175			
City Odebolt State IA Zip Code 51458			Amount of Each Disbursement this Period  122.55
Purpose of Disbursement Fuel		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Deb Cranston</b>		Transaction ID: SB17.16274 Date of Disbursement 01 / 03 / 2003	
Mailing Address 1881 315th Street			
City Odebolt State IA Zip Code 51458			Amount of Each Disbursement this Period  748.50
Purpose of Disbursement Wages		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Deb Cranston</b>		Transaction ID: SB17.16287 Date of Disbursement 01 / 20 / 2003	
Mailing Address 1881 315th Street			
City Odebolt State IA Zip Code 51458			Amount of Each Disbursement this Period  757.50
Purpose of Disbursement Wages		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ..... ▶	<b>1628.55</b>
TOTAL This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 21 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

A. Full Name (Last, First, Middle Initial) Mrs. Deb Cranston		Transaction ID: SB17.17031 Date of Disbursement 03 / 12 / 2003	
Mailing Address 1881 315th Street		Amount of Each Disbursement this Period 1515.00	
City Odebolt	State IA	Zip Code 51458	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

B. Full Name (Last, First, Middle Initial) First USA Bank		Transaction ID: SB17.16267 Date of Disbursement 01 / 02 / 2003	
Mailing Address Box 94014		Amount of Each Disbursement this Period 716.81	
City Palatine	State IL	Zip Code 60064	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel Expenses		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

C. Full Name (Last, First, Middle Initial) First USA Bank		Transaction ID: SB17.16294 Date of Disbursement 01 / 23 / 2003	
Mailing Address Box 94014		Amount of Each Disbursement this Period 10.00	
City Palatine	State IL	Zip Code 60064	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit card payment		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2241.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. First USA Bank		Transaction ID: SB17.16559 Date of Disbursement 02 / 27 / 2003	
Mailing Address Box 94014		Amount of Each Disbursement this Period 10.00	
City Palatine	State IL	Zip Code 60094	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit Card Payment		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. First USA Bank		Transaction ID: SB17.17131 Date of Disbursement 03 / 25 / 2003	
Mailing Address Box 94014		Amount of Each Disbursement this Period 10.00	
City Palatine	State IL	Zip Code 60094	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit card payment		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Fox Run Golf Course		Transaction ID: SB17.16268 Date of Disbursement 01 / 02 / 2003	
Mailing Address 3001 Macineery Dr		Amount of Each Disbursement this Period 1019.65	
City Council Bluffs	State IA	Zip Code 51501	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Banquet - Fund Raiser		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1039.65</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 23 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Groundswell Direct		Transaction ID: SB17.17033 Date of Disbursement 03 / 12 / 2003	
Mailing Address Box 218		Amount of Each Disbursement this Period 9915.72	
City Albert City	State IA	Zip Code 50510	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fund Raising - Invoice 880		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Heartland Marketing Group		Transaction ID: SB17.16271 Date of Disbursement 01 / 03 / 2003	
Mailing Address Box 125		Amount of Each Disbursement this Period 5733.35	
City Early	State IA	Zip Code 50535	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Marketing Services		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Iowa Office Supply		Transaction ID: SB17.16567 Date of Disbursement 03 / 05 / 2003	
Mailing Address Box 1386		Amount of Each Disbursement this Period 210.00	
City Storm Lake	State IA	Zip Code 50588	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Toner - Invoice 857012		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>15859.07</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. IRS		Transaction ID: SB17.16324 Date of Disbursement 01 / 29 / 2003		
Mailing Address None Given		Amount of Each Disbursement this Period  2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Dallas	State TX			Zip Code 75208
Purpose of Disbursement Quarterly Payroll Tax - Partial				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeff King		Transaction ID: SB17.16275 Date of Disbursement 01 / 09 / 2003		
Mailing Address 1782 Cory Ave		Amount of Each Disbursement this Period  208.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Schaller	State IA			Zip Code 51053
Purpose of Disbursement Travel and Mileage				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Steve King		Transaction ID: SB17.17040 Date of Disbursement 03 / 25 / 2003		
Mailing Address 3897 Esther Avenue		Amount of Each Disbursement this Period  918.03 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Kiran	State IA			Zip Code 51448
Purpose of Disbursement Mileage Reimbursement in district				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District 05	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	3128.53
TOTAL This Period (last page this line number only) .....	▶	



**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 25 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Mr. Steve King		Transaction ID: SB17.17266 Date of Disbursement 03 / 31 / 2003	
Mailing Address 3897 Esther Avenue			
City Kiron	State IA	Zip Code 51448	Amount of Each Disbursement this Period  934.94  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Interest on loan 82258002		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: IA	District: D5		

Full Name (Last, First, Middle Initial) B. King Construction		Transaction ID: SB17.16281 Date of Disbursement 01 / 10 / 2003	
Mailing Address 126 N Des Moines			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  1797.83  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Mileage		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District		

Full Name (Last, First, Middle Initial) C. Mid American Energy		Transaction ID: SB17.16293 Date of Disbursement 01 / 23 / 2003	
Mailing Address Box 8020			
City Davenport	State IA	Zip Code 52808	Amount of Each Disbursement this Period  199.46  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Gas and Electric service		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>2932.23</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 26 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Mid American Energy		Transaction ID: SB17.16401 Date of Disbursement 02 / 27 / 2003
Mailing Address Box 8020		Amount of Each Disbursement this Period  324.21  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport	State IA Zip Code 52808	
Purpose of Disbursement Gas and Electric	Candidate Name	
Category/Type		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mid American Energy		Transaction ID: SB17.17262 Date of Disbursement 03 / 26 / 2003
Mailing Address Box 8020		Amount of Each Disbursement this Period  290.35  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport	State IA Zip Code 52808	
Purpose of Disbursement Utilities	Candidate Name	
Category/Type		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Morgan Meredith and Associates		Transaction ID: SB17.17039 Date of Disbursement 03 / 25 / 2003
Mailing Address 4451 Brookfield Corporate Drive Suite 200		Amount of Each Disbursement this Period  3099.28  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chantilly	State VA Zip Code 20151	
Purpose of Disbursement March 19 Fund Raiser	Candidate Name	
Category/Type		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3713.84</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 27 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. One Star		Transaction ID: SB17.16402 Date of Disbursement 02 / 27 / 2003	
Mailing Address 7100 Eagle Crest Blvd. Suite B		Amount of Each Disbursement this Period  43.93  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Evansville	State IN		Zip Code 47715
Purpose of Disbursement Long distance charges			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. One Star		Transaction ID: SB17.17261 Date of Disbursement 03 / 26 / 2003	
Mailing Address 7100 Eagle Crest Blvd. Suite B		Amount of Each Disbursement this Period  33.77  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Evansville	State IN		Zip Code 47715
Purpose of Disbursement Phone Service 403-3141			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Platinum Plus		Transaction ID: SB17.16282 Date of Disbursement 01 / 10 / 2003	
Mailing Address Box 1546B		Amount of Each Disbursement this Period  468.47  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Wilmington	State DE		Zip Code 19886
Purpose of Disbursement Travel Expenses			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>546.17</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Sac County Mutual Telephone</b>		Transaction ID: SB17.16277 Date of Disbursement 01 / 08 / 2003	
Mailing Address Box 582			
City Odebolt State IA Zip Code 51458			Amount of Each Disbursement this Period  107.92
Purpose of Disbursement Telephone Service Candidate Name	Category/ Type		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sac County Mutual Telephone</b>		Transaction ID: SB17.16283 Date of Disbursement 01 / 10 / 2003	
Mailing Address Box 582			
City Odebolt State IA Zip Code 51458			Amount of Each Disbursement this Period  24.46
Purpose of Disbursement Telephone Service Candidate Name	Category/ Type		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sac County Mutual Telephone</b>		Transaction ID: SB17.16301 Date of Disbursement 02 / 03 / 2003	
Mailing Address Box 582			
City Odebolt State IA Zip Code 51458			Amount of Each Disbursement this Period  108.47
Purpose of Disbursement Telephone service Candidate Name	Category/ Type		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>240.85</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Sac County Mutual Telephone</b>		Transaction ID: SB17.16302 Date of Disbursement 02 / 03 / 2003	
Mailing Address Box 582			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  23.98  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sac County Mutual Telephone</b>		Transaction ID: SB17.16303 Date of Disbursement 02 / 03 / 2003	
Mailing Address Box 582			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  30.23  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone service		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sac County Mutual Telephone</b>		Transaction ID: SB17.16335 Date of Disbursement 02 / 03 / 2003	
Mailing Address Box 582			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  108.47  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>162.58</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 30 / 40
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Sac County Mutual Telephone		Transaction ID: SB17.16336 Date of Disbursement 02 / 03 / 2003	
Mailing Address Box 582			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  23.98  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sac County Mutual Telephone		Transaction ID: SB17.16337 Date of Disbursement 02 / 03 / 2003	
Mailing Address Box 582			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  30.23  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sac County Mutual Telephone		Transaction ID: SB17.16563 Date of Disbursement 03 / 05 / 2003	
Mailing Address Box 582			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  24.46  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone 668-2404		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	<b>78.67</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 31 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. Sac County Mutual Telephone</b>		Transaction ID: SB17.16564 Date of Disbursement 03 / 05 / 2003	
Mailing Address Box 582			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  23.98  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement telephone 668-2850		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sac County Mutual Telephone</b>		Transaction ID: SB17.16565 Date of Disbursement 03 / 05 / 2003	
Mailing Address Box 582			
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period  107.92  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone 668-2845		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The Congressional Club</b>		Transaction ID: SB17.16568 Date of Disbursement 03 / 06 / 2003	
Mailing Address Box 15847			
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period  225.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement First Lady Function		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>356.90</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 49

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

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Thompson Communications		Transaction ID: SB17.16272 Date of Disbursement 01 / 03 / 2003	
Mailing Address 200 W Jefferson St		Amount of Each Disbursement this Period 28834.54	
City Marshfield	State MO	Zip Code 65706	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Radio and TV advertising		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Treasurer, State of Iowa		Transaction ID: SB17.16291 Date of Disbursement 01 / 21 / 2003	
Mailing Address Capitol Building		Amount of Each Disbursement this Period 872.00	
City Des Moines	State IA	Zip Code 51306	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Quarterly withholding		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Treasurer, State of Iowa		Transaction ID: SB17.17032 Date of Disbursement 03 / 12 / 2003	
Mailing Address Capitol Building		Amount of Each Disbursement this Period 182.44	
City Des Moines	State IA	Zip Code 51309	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll liabilities		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	29888.98
TOTAL This Period (last page this line number only) .....	▶	



**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. United Bank of Iowa		Transaction ID: SB17.16399 Date of Disbursement 02 / 27 / 2003
Mailing Address 301 S Main		Amount of Each Disbursement this Period  552.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Odebolt	State IA Zip Code 51458	
Purpose of Disbursement Federal Tax Deposit	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United Bank of Iowa		Transaction ID: SB17.16400 Date of Disbursement 02 / 27 / 2003
Mailing Address 301 S Main		Amount of Each Disbursement this Period  16.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Odebolt	State IA Zip Code 51458	
Purpose of Disbursement Tax Deposit	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Bank of Iowa		Transaction ID: SB17.17026 Date of Disbursement 03 / 13 / 2003
Mailing Address 301 S Main		Amount of Each Disbursement this Period  18.33  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Odebolt	State IA Zip Code 51458	
Purpose of Disbursement Safety Deposit Box fee	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	▶	586.33
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 34 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. United Bank of Iowa		Transaction ID: SB17.17264 Date of Disbursement 03 / 27 / 2003		
Mailing Address 301 S Main		Amount of Each Disbursement this Period  552.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Odebolt	State IA			Zip Code 51458
Purpose of Disbursement Payroll tax deposit				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. United Bank of Iowa		Transaction ID: SB17.17265 Date of Disbursement 03 / 27 / 2003		
Mailing Address 301 S Main		Amount of Each Disbursement this Period  16.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Odebolt	State IA			Zip Code 51458
Purpose of Disbursement Payroll tax deposit				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.16273 Date of Disbursement 03 / 03 / 2003		
Mailing Address 315 S Main		Amount of Each Disbursement this Period  22.25  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Sac City	State IA			Zip Code 51458
Purpose of Disbursement Postage				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	590.25
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 35 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Transaction ID: SB17.16285 Date of Disbursement 01 / 16 / 2003	
Mailing Address 315 S Main		Amount of Each Disbursement this Period  8.85  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Sac City	State IA		Zip Code 51458
Purpose of Disbursement Postage			Category/ Type
Candidate Name			
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Transaction ID: SB17.16288 Date of Disbursement 01 / 20 / 2003	
Mailing Address 315 S Main		Amount of Each Disbursement this Period  36.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Sac City	State IA		Zip Code 51458
Purpose of Disbursement Box Rent			Category/ Type
Candidate Name			
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Transaction ID: SB17.16288 Date of Disbursement 01 / 21 / 2003	
Mailing Address 315 S Main		Amount of Each Disbursement this Period  39.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Sac City	State IA		Zip Code 51458
Purpose of Disbursement Box rent			Category/ Type
Candidate Name			
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>83.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 36 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: SB17.16297 Date of Disbursement 01 / 30 / 2003		
Mailing Address 315 S Main		Amount of Each Disbursement this Period  10.01  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Sac City	State IA			Zip Code 51458
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: SB17.16331 Date of Disbursement 01 / 30 / 2003		
Mailing Address 315 S Main		Amount of Each Disbursement this Period  10.01  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Sac City	State IA			Zip Code 51458
Purpose of Disbursement Postage				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.16339 Date of Disbursement 02 / 06 / 2003		
Mailing Address 315 S Main		Amount of Each Disbursement this Period  3.73  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Sac City	State IA			Zip Code 51458
Purpose of Disbursement Postage				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	23.75
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: SB17.1656D Date of Disbursement 02 / 27 / 2003		
Mailing Address 315 S Main		Amount of Each Disbursement this Period  8.75  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Sac City	State IA			Zip Code 51458
Purpose of Disbursement Postage				Category/ Type
Candidate Name				
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: SB17.1656I Date of Disbursement 03 / 05 / 2003		
Mailing Address 315 S Main		Amount of Each Disbursement this Period  7.90  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Sac City	State IA			Zip Code 51458
Purpose of Disbursement Postage				Category/ Type
Candidate Name				
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.17027 Date of Disbursement 03 / 07 / 2003		
Mailing Address 315 S Main		Amount of Each Disbursement this Period  9.88  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Sac City	State IA			Zip Code 51458
Purpose of Disbursement Postage				Category/ Type
Candidate Name				
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	26.53
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 49

<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Transaction ID: SB17.1703D Date of Disbursement 03 / 11 / 2003	
Mailing Address 315 S Main		Amount of Each Disbursement this Period  7.90  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Sac City	State IA		Zip Code 51458
Purpose of Disbursement Postage			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Transaction ID: SB17.1703B Date of Disbursement 03 / 18 / 2003	
Mailing Address 315 S Main		Amount of Each Disbursement this Period  9.65  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Sac City	State IA		Zip Code 51458
Purpose of Disbursement Postage			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Transaction ID: SB17.1726D Date of Disbursement 03 / 25 / 2003	
Mailing Address 315 S Main		Amount of Each Disbursement this Period  5.60  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Sac City	State IA		Zip Code 51458
Purpose of Disbursement Postage			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>23.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: SB17.17263 Date of Disbursement 03 / 26 / 2003		
Mailing Address 315 S Main		Amount of Each Disbursement this Period  2.90  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Sac City	State IA			Zip Code 51458
Purpose of Disbursement Postage				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.16284 Date of Disbursement 01 / 16 / 2003		
Mailing Address Box 790422		Amount of Each Disbursement this Period  646.54  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City St. Louis	State MO			Zip Code 63179
Purpose of Disbursement Telephone				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.16340 Date of Disbursement 02 / 18 / 2003		
Mailing Address Box 790422		Amount of Each Disbursement this Period  413.75  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City St. Louis	State MO			Zip Code 63179
Purpose of Disbursement Cell Phone				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1063.19</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 40 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
King for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.1639B Date of Disbursement 02 / 20 / 2003		
Mailing Address Box 790422		Amount of Each Disbursement this Period  54.31  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City St. Louis	State MO			Zip Code 63179
Purpose of Disbursement Cell Phone Service				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.17034 Date of Disbursement 03 / 19 / 2003		
Mailing Address Box 790422		Amount of Each Disbursement this Period  412.37  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City St. Louis	State MO			Zip Code 63179
Purpose of Disbursement Cell Phone Charges				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	466.58
TOTAL This Period (last page this line number only) .....	▶	64679.66



**SCHEDULE C (FEC Form F3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / 48
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: SC/10.4126

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Steve King, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3887 Esther Avenue	
City Kiron State IA ZIP Code 51448	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
07 28 2001		0.00 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>5000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form F3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / 48
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: SC/10.4127

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Steve King, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3887 Esther Avenue	
City Kiron State IA ZIP Code 51448	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 / 16 / 2001		0.00 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>6000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form F3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 43 / 48
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: SC/10.6594

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mr. Steve King	<b>Election:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3887 Esther Avenue	
City Kiron State IA ZIP Code 51448	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
02 <sup>MM</sup> 25 <sup>DD</sup> 2002 <sup>YY</sup>		0.00 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>6000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form F3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 44 / 48
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
King for Congress

Transaction ID: SC/10.13957

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Steve King	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3887 Esther Avenue	
City Kiron State IA ZIP Code 51448	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	51852.74	48147.26

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 <sup>MM</sup> 28 <sup>DD</sup> 2002 <sup>YY</sup>		7.50 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>48147.26</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>65147.26</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	



**SCHEDULE D (FEC Form F3 )**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
King for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Groundswell Direct		Nature of Debt (Purpose): Invoice 867 - K7 Calling Letter	
Mailing Address Box 218			
City	State	ZIP Code	
Albert City	IA	50510	
Outstanding Balance Beginning This Period		Transaction ID: SD10.16345	
10667.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10667.44	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Groundswell Direct		Nature of Debt (Purpose): Invoice 871 - Prospecting	
Mailing Address Box 218			
City	State	ZIP Code	
Albert City	IA	50510	
Outstanding Balance Beginning This Period		Transaction ID: SD10.16347	
1445.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1445.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Groundswell Direct		Nature of Debt (Purpose): Invoice 872 - Cheney Messages	
Mailing Address Box 218			
City	State	ZIP Code	
Albert City	IA	50510	
Outstanding Balance Beginning This Period		Transaction ID: SD10.16348	
205.52			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	205.52	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>12317.96</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D (FEC Form F3 )**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  9  
 10

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
King for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Heartland Marketing Group		<b>Nature of Debt (Purpose):</b> Remaining balance from last year	
<b>Mailing Address</b> Box 125			
<b>City</b> Early	<b>State</b> IA	<b>ZIP Code</b> 50535	
Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.16351	
Amount Incurred This Period 7000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7000.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Heartland Marketing Group		<b>Nature of Debt (Purpose):</b> Invoice 5017	
<b>Mailing Address</b> Box 125			
<b>City</b> Early	<b>State</b> IA	<b>ZIP Code</b> 50535	
Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD1D.16352	
Amount Incurred This Period 2022.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 2022.75	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Heartland Marketing Group		<b>Nature of Debt (Purpose):</b> Invoice 5018	
<b>Mailing Address</b> Box 125			
<b>City</b> Early	<b>State</b> IA	<b>ZIP Code</b> 50535	
Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD1D.16353	
Amount Incurred This Period 1575.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1575.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>10597.75</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b>	▶	

**SCHEDULE D (FEC Form F3 )**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
King for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Heartland Marketing Group		<b>Nature of Debt (Purpose):</b> Invoice 5019	
<b>Mailing Address</b> Box 125			
<b>City</b> Early	<b>State</b> IA	<b>ZIP Code</b> 50535	
Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.16354	
Amount Incurred This Period 26.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 26.25	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Heartland Marketing Group		<b>Nature of Debt (Purpose):</b> Invoice 5029	
<b>Mailing Address</b> Box 125			
<b>City</b> Early	<b>State</b> IA	<b>ZIP Code</b> 50535	
Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.16355	
Amount Incurred This Period 1575.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1575.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Heartland Marketing Group		<b>Nature of Debt (Purpose):</b> Invoice 5032	
<b>Mailing Address</b> Box 125			
<b>City</b> Early	<b>State</b> IA	<b>ZIP Code</b> 50535	
Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.16358	
Amount Incurred This Period 105.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 105.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1708.25
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	



**SCHEDULE D (FEC Form F3 )**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  9  
 10

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
King for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Steve King		Nature of Debt (Purpose): Non-reimbursed Expenses	
Mailing Address 3897 Esther Avenue			
City	State	ZIP Code	
Kiron	IA	51448	
Outstanding Balance Beginning This Period		Transaction ID: SD10.19000	
1273.27			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1273.27	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor King Construction		Nature of Debt (Purpose): Consulting Fees - Nancy Streck from 8/1	
Mailing Address 128 N Des Moines			
City	State	ZIP Code	
Odebolt	IA	51458	
Outstanding Balance Beginning This Period		Transaction ID: SD10.14444	
4000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Thompson Communications		Nature of Debt (Purpose): Invoice 12202-01 - Radio, TV, Cable	
Mailing Address 200 W Jefferson St			
City	State	ZIP Code	
Marshfield	MO	65708	
Outstanding Balance Beginning This Period		Transaction ID: SD10.16349	
60000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	60000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>85273.27</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>111857.46</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	