

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

96 JUL 22 PM 3:13

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Connie McBurney For Congress		2. FEC IDENTIFICATION NUMBER C00309336
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 1020 Walnut Street		
CITY, STATE and ZIP CODE Des Moines, Ia 50309	STATE/DISTRICT	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

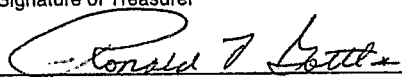
<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input checked="" type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election)
<input type="checkbox"/> January 31 Year End Report	election on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period <u>5-16-96</u> through <u>6-30-96</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$94,703.88	\$246,759.10
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	94,703.88	246,759.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	101,517.99	145,121.87
(b) Total Offsets to Operating Expenditures (from Line 14)	428.50	430.28
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	101,089.49	144,691.59
8. Cash on Hand at Close of Reporting Period (from Line 27)	62,795.45	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	37,250.60	

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 Ronald Gottl, Treasurer	
Signature of Treasurer 	Date 7-15-96

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

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FESAN111

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full) Connie McBurney For Congress C00309336		Report Covering the Period: From: 5-16-96 To: 6-30-96	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) -----		\$43,050.00	11(a)(i)
(ii) Unitemized -----		18,465.00	11(a)(ii)
(iii) Total of contributions from individuals -----		61,515.00	203,570.22 11(a)(iii)
(b) Political Party Committees -----		0	10.00 11(b)
(c) Other Political Committees (such as PACs) -----		33,188.88	43,188.88 11(c)
(d) The Candidate -----		0	0 11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----		94,703.88	246,759.10 11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		0	0 12
13. LOANS:			
(a) Made or Guaranteed by the Candidate -----		0	0 13(a)
(b) All Other Loans -----			
(c) TOTAL LOANS (add 13(a) and (b)) -----			
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----		428.50	430.28 14
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----			
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----		95,132.38	247,189.38 16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----		101,517.99	145,121.87 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----		0	0 18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate -----		0	0 19(a)
(b) Of All Other Loans -----			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----			
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees -----		0	0 20(a)
(b) Political Party Committees -----			
(c) Other Political Committees (such as PACs) -----			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----			
21. OTHER DISBURSEMENTS -----		0	0 21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----		101,517.99	145,121.87 22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 69,181.06	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 95,132.38	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 164,313.44	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 101,517.99	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 62,795.45	27

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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

PAGE 1 OF 11
FOR LINE NUMBER
11 a i

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)

Connie McBurney For Congress

C00309336

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Beverly A. Jeffries 1271 Bentwood Court Altoona, IA 50009</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Information Requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>5/31/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Kasey W. Kincaid 400 Capitol Square Des Moines, IA 50309</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Faegre & Benson</p> <p>Occupation</p> <p>attorney</p> <p>Aggregate Year-to-Date > \$ 950.00</p>	<p>Date (month, day, year)</p> <p>5/31/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$450.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Sarah Wilson 8519 4th Avenue NE Seattle, WA 98115-2915</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>self</p> <p>Occupation</p> <p>therapist</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>5/22/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00 (earmarked, see below)</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Genevieve Nygaard 3032 Rossmoor Pkwy Walnut Creek, CA 94595-3325</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Information Requested</p> <p>Occupation</p> <p>retired</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year)</p> <p>5/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$200.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Susan Clark 1109 C Street Juneau, AK 99801</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>self</p> <p>Occupation</p> <p>Fiber Artist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$150.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Robert Tully 300 Walnut St Des Moines, Ia 50309</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Galligan Law Firm</p> <p>Occupation</p> <p>Attorney</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>6/14/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p></p> <p>Occupation</p> <p></p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p></p>	<p>Amount of Each Receipt this Period</p> <p></p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>\$2300.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 11

FOR LINE NUMBER
11 a iContributions from Individuals

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)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Connie Anderson 2894 106th St #204 Urbandale, Ia 50322	Name of Employer Universal Pediatric Services, Inc.	Date (month, day, year) 6-06-96	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Neal E Smith 7504 NE 12th Ave Altoona, Ia 50009	Name of Employer	Date (month, day, year) 6-09-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code G. David Hurd 3930 Grand Ave # 406 Des Moines, Ia 50312	Name of Employer	Date (month, day, year) 6-09-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired		
	Aggregate Year-to-Date > \$ 2,000.00		
D. Full Name, Mailing Address and ZIP Code Patricia Hurd 3930 Grand Ave # 406 Des Moines, Ia 50312	Name of Employer	Date (month, day, year) 6-09-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired		
	Aggregate Year-to-Date > \$ 2,000.00		
E. Full Name, Mailing Address and ZIP Code Marvin Maize 7 SW 56th St Des Moines, Ia 50312	Name of Employer	Date (month, day, year) 6-14-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation retired		
	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code Ingrid Maize 7 SW 56th St Des Moines, Ia 50312	Name of Employer	Date (month, day, year) 6-14-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code Michael Percival 530 56th St Des Moines, Ia 50312	Name of Employer West Bank	Date (month, day, year) 6-14-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2,000.00		
SUBTOTAL of Receipts This Page (optional)			\$6,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress

C00309336

A. Full Name, Mailing Address and ZIP Code Thomas R. Hutchison 3660 Grand Ave Des Moines, IA 50312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Boatmens Bank Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period \$300.00
B. Full Name, Mailing Address and ZIP Code Barbara Garrett 4900 SW 80th St. Miami, FL 33143 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code William F. Heidenreich P.O. Box 37 Marquette, IA 52158 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/23/96	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and ZIP Code Clayton M. Timmons P.O. Box 428 Mackinac Island, MI 49757 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation retired Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/23/96	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Connie Wimer 100 4th St. Des Moines, IA 50309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Business Publication Corp. Occupation publisher Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 5/23/96	Amount of Each Receipt this Period \$200.00
F. Full Name, Mailing Address and ZIP Code Robert H. Harris 3601 L Street Lincoln, NE 68510 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation retired Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 5/25/96	Amount of Each Receipt this Period \$300.00
G. Full Name, Mailing Address and ZIP Code Sheila M. McGuire P.O. Box 367 Boone, IA 50036-0367 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ISYS Group Occupation epidemiologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/29/96	Amount of Each Receipt this Period \$250.00
SUBTOTAL of Receipts This Page (optional)			\$2800.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER

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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Louise R Noun 3131 Fleur Dr Des Moines, Ia 50321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation retired Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 6-25-96	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Albert Ichelson, Jr 1206 Financial Ctr. Des Moines, Ia 50309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6-25-96	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Gerald Crawford 6943 Vista Dr West Des Moines, Ia 50266 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation self attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6-26-96	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Roxanne Barton Conlin Plaza Suite 5, 300 Walnut Des Moines, Ia 50309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation self Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6-26-96	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Kasey W Kincaid 400 Capital Sq., 400 Locust Des Moines, Ia 50309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Faegre & Benson Attorney Aggregate Year-to-Date > \$ 1,950.00	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Sheila M McGuire PO Box 367 Boone, Ia 50036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation ISYS Group epidemiologist Aggregate Year-to-Date > \$ 1,200.00	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period \$200.00
G. Full Name, Mailing Address and ZIP Code Alfredo Parrish 2910 Grand Ave Des Moines, Ia 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Parrish, Kruidenier Attorney Aggregate Year-to-Date > \$ 1,600.00	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period \$1,000.00
SUBTOTAL of Receipts This Page (optional)			\$4,200.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress

C00309336

A. Full Name, Mailing Address and ZIP Code Madelyn M. Levitt 6200 Aurora Ave. Suite 310-W Urbandale, IA 50322-2838 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation retired Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 5/30/96	Amount of Each Receipt this Period \$200.00
B. Full Name, Mailing Address and ZIP Code Dick Dearden 3113 Kinsey Ave. Des Moines, IA 50317 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Senator Aggregate Year-to-Date > \$ 280.00	Date (month, day, year) 5/30/96	Amount of Each Receipt this Period \$200.00
C. Full Name, Mailing Address and ZIP Code Thomas I. Henderson 5680 Columbine Dr. Johnston, IA 50131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Boatmens Bank Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 5/30/96	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code Alfredo Parrish 2910 Grand Ave Des Moines, IA 50312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation self Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/30/96	Amount of Each Receipt this Period \$400.00
E. Full Name, Mailing Address and ZIP Code Kasey W. Kincaid 400 Capitol Square Des Moines, IA 50309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Faegie & Benson Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/30/96	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Andrea L. Morse 380 NE 56th Street Pleasant Hill, IA 50317 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Mayank K. Kothari, MD P.O. Box 1817 Des Moines, IA 50306-1817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$1000.00
SUBTOTAL of Receipts This Page (optional)			\$3050.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER
11 a i

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Mark McCormick 4331 Greenwood Dr Des Moines, Ia 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Belin, Harris, Lamson, McCormick Occupation Attorney Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Thomas Henderson 5680 Columbine Dr Johnston, Ia 50131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Elizabeth S Kruidenier 3409 Southern Hills Dr Des Moines, Ia 50321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation Attorney Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code William C Knapp 5000 Westown Pkwy, Ste 100 West Des Moines, Ia 50266 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Knapp Properties Iowa Realty Occupation Chairman/President Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Eleanor Zeff 4220 Foster Dr Des Moines, Ia 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Drake University Occupation Professor Aggregate Year-to-Date > \$ 650.00	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period \$300.00
F. Full Name, Mailing Address and ZIP Code William C Knapp, II 3501 Westown Pkwy West Des Moines, Ia 50266 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Knapp Properties Occupation Real Estate Developer Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and ZIP Code Paul Knapp 3501 Westown Pkwy, West Des Moines, Ia 50266 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Iowa Realty Occupation Real Estate Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional) \$5,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Connie McBurney for Congress C00309336

A. Full Name, Mailing Address and ZIP Code Ellen Jessen 5979 Mapletree Circle Johnston, IA 50131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Village Sqaure Daycare Occupation owner Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/13/96	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Sue Ann Reagan 7920 Woodway Houston, TX 77063 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/16/96	Amount of Each Receipt this Period \$250.00 (earmarked, see below)
C. Full Name, Mailing Address and ZIP Code Becky Sato 19 Woodland Heights, N.E. Iowa City, IA 52240-9136 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Homemaker Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/17/96	Amount of Each Receipt this Period \$250.00 (earmarked, see below)
D. Full Name, Mailing Address and ZIP Code Donna Smith 300 E. High Street Toledo, IA 52342-1821 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer South Tampa County Comm. School Occupation Teacher Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 5/17/96	Amount of Each Receipt this Period \$200.00 (earmarked, see below)
E. Full Name, Mailing Address and ZIP Code Nadine Warner 3131 Fleur Dr. Apt. 107 Des Moines, IA 50321-1740 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 5/19/96	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Candy Morgan 3100 Grand Ave. No. 7-C Des Moines, IA 50312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 5/20/96	Amount of Each Receipt this Period \$200.00
G. Full Name, Mailing Address and ZIP Code Elise Jones 108 Beaumont Dr. Newtown, PA 18940-2524 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-- Occupation Demographer Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 5/20/96	Amount of Each Receipt this Period \$200.00 (earmarked, see below)

SUBTOTAL of Receipts This Page (optional)

\$1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Connie McBurney For Congress

C00309336

A. Full Name, Mailing Address and ZIP Code Mrs. William Friedman, Sr. 3930 Grand Ave. Des Moines, IA 50312	Name of Employer retired Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6-14-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Julie Fiddick 4506 Goodfellow Dr Dallas, Tx 75229	Name of Employer Occupation Aggregate Year-to-Date > \$500.00	Date (month, day, year) 6-15-96	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code A. Arthur Davis 666 Walnut, Suite 2500 Des Moines, Ia 50309	Name of Employer Davis, Brown, Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6-14-96	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Hazel McBurney 3109 54th St Des Moines, Ia 50310	Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6-17-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Cecil C McBurney 3109 54th St Des Moines, Ia 50310	Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6-17-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code James C Conlin 6116 SW McKinley Des Moines, Ia 50321	Name of Employer Regency Management Company Occupation Real Estate Developer Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 6-18-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Patricia Anne Shors 2923 Fox Run Des Moines, Ia 50321	Name of Employer Mercy Hospital Occupation Auxillary Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6-19-96	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Jay H Gold 5310 Shriver Des Moines, Ia 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation physician/ pathologist Aggregate Year-to-Date > \$ 1,100.00	Date (month, day, year) 6-20-96	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Sarah E Gold 5310 Shriver Des Moines, Ia 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6-20-96	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code L.W. Caspe 3525 St John's Rd Des Moines, Ia 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6-20-96	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Catharine C Ayers PO Box 68 Clear Lake, Ia 50428 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 5-16-96	Amount of Each Receipt this Period \$300.00
E. Full Name, Mailing Address and ZIP Code Catharine C Ayers PO Box 68 Clear Lake, Ia 50428 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 6-24-96	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Eleanor Gerson 2425 North Park Blvd, #2 Cleveland Heights, Oh 44106 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6-20-96	Amount of Each Receipt this Period \$250.00 (earmarked, see below)
G. Full Name, Mailing Address and ZIP Code Margaret Stuart 601 SW 42nd St Des Moines, Ia 50312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Parrish, Kruidenier Occupation Attorney Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6-25-96	Amount of Each Receipt this Period \$1,000.00
SUBTOTAL of Receipts This Page (optional)			\$3,550.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals

Use separate schedule(s)
for each category of the
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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)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Marlo Thomas 420 E 54th St, #22F New York, NY 10022-0000 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Actress Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6-04-96	Amount of Each Receipt this Period \$500.00 (earmarked, see below)
B. Full Name, Mailing Address and ZIP Code Judith Howell 11515 Highway 61 Maquoketa, Ia 52060-9045 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Housewife Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6-03-96	Amount of Each Receipt this Period \$250.00 (earmarked, see below)
C. Full Name, Mailing Address and ZIP Code Robert D Nelson Box 367 Exira, Ia 50076 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation Attorney Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 6-06-96	Amount of Each Receipt this Period \$200.00
D. Full Name, Mailing Address and ZIP Code L.B. Engman 2919 SW 30th St Des Moines, Ia 50321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6-06-96	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Suzanne Engman 2919 SW 30th St Des Moines, Ia 50321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 6-06-96	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Sheryl R Boldt 2300 Thornton St Des Moines, Ia 50321 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation volunteer Aggregate Year-to-Date > \$ 1,300.00	Date (month, day, year) 6-06-96	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			\$3950.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Larry W Carter 3529 SW 37th St Des Moines, Ia 50321	Name of Employer Norwest Bank Occupation Asst. V.P.	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code Jon Batesole 387 G-14 Cumming, Ia 50061	Name of Employer General Growth Occupation Property Development	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Michael J Galligan 2425 Jordan Trail West Des Moines, Ia 50265	Name of Employer self Occupation Attorney	Date (month, day, year) 6-29-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Stephen Garst 4048 4th Ave Coon Rapids, Ia 50058	Name of Employer self Occupation farmer/businessman	Date (month, day, year) 6-29-96	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Robert Mitchell 2808 Sherry Lane Des Moines, Ia 50322	Name of Employer Management Resources Group Occupation President	Date (month, day, year) 6-29-96	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period (Earmarked Total This Report: \$12,335.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$4300.00

TOTAL This Period (last page this line number only) \$43,050.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from other political committees

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NAME OF COMMITTEE (in Full)

Connie McBurney for Congress

C00309336

A. Full Name, Mailing Address and ZIP Code Business and Professional Women's Political Action Committee 2012 Massachusetts Ave., NW Washington, D.C. 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/15/96	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Women's Campaign Fund 120 Maryland Ave., NE Washington, D.C. 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 4000.00	Date (month, day, year) 5/17/96	Amount of Each Receipt this Period \$2000.00
C. Full Name, Mailing Address and ZIP Code SEIU COPE Fund PCC 1313 L Street, NW Washington, D.C. 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 5/23/96	Amount of Each Receipt this Period \$2000.00
D. Full Name, Mailing Address and ZIP Code American Nurses Association Political Action Committee 600 Maryland Ave., SW Suite 100 West Washington, D.C. 20024-2571 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Conduit used, Emily's List Nations Bank Account Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$5000.00
E. Full Name, Mailing Address and ZIP Code Committee on Letter Carriers Pol. Ed. Nat. Assoc. of Letter Carriers, AFL-CIO 100 Indiana Ave., NW Washington, D.C. 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$2500.00
F. Full Name, Mailing Address and ZIP Code Assoc. of Trail Lawyers of America 1050 31st Street, NW Washington, D.C. 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 6/19/96	Amount of Each Receipt this Period \$2000.00
G. Full Name, Mailing Address and ZIP Code United Auto Workers PAC 8000 E. Jefferson Detroit, Michigan 48214 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 6/26/96	Amount of Each Receipt this Period \$5000.00

SUBTOTAL of Receipts This Page (optional)

\$18,750

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from other political committees

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Connie McBurney for Congress

C00309336

A. Full Name, Mailing Address and ZIP Code AFSCME People Fund 1625 L Street, NW Washington, D.C. 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$5000.00
B. Full Name, Mailing Address and ZIP Code Transportation Political Ed. League 14600 Detroit Ave. Cleveland, OH 44107 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/19/96	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and ZIP Code Nat. Air Traffic Controllers Assoc. 1150 17th Street, NW Washington, D.C. 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Conduit used, Democratic Congressional Campaign Committee Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and ZIP Code Effective Government Committee 607 14th St., NW Suite 800 Washington, D.C. 20005-2011 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/27/96	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and ZIP Code Emily's List 805 15th St, NW, Ste 400 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5-30-96	Amount of Each Receipt this Period \$3500.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$11,500.00

TOTAL This Period (last page this line number only)

30,250.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Contributions from Other Political Committees

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NAME OF COMMITTEE (in Full)

Connie McBureny For Congress C00309336

A. Full Name, Mailing Address and ZIP Code National Committee For An Effective Congress 10 East 39th St New York, NY 10016 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 6/19/96	Amount of Each Receipt this Period \$2,500.00 (IN-KIND CONTRIBUTION)
B. Full Name, Mailing Address and ZIP Code Emily's List 805 15th St Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 4,427.65	Date (month, day, year) 5/20/96	Amount of Each Receipt this Period \$438.88 (IN-KIND CONTRIBUTION)
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

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\$2938.88

SCHEDULE A

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Offsets to Operating Expenses

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)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Julie Stauch 4712 Westwood Dr West Des Moines, Ia 50265 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Refund of Fee Paid Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6-10-96	Amount of Each Receipt this Period \$400.00
B. Full Name, Mailing Address and ZIP Code Landmark Strategies 1029 North Royal St, Ste 350 Alexandria, Va 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Refund of balance paid Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6-30-96	Amount of Each Receipt this Period \$28.50
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) \$428.50

TOTAL This Period (last page this line number only) \$428.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Des Moines Register 715 Locust St Des Moines, Ia 50309	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/96	\$2,050.95
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Marianne Moore 317 E Front St Colfax, Ia 50054	Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96	\$52.25
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jay Dick 317 E Front St Colfax, Ia 50054	Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96 6/4/96	\$ 25.88 \$58.74
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Same as above	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/96	\$281.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Wennerstrum 685 36th St Des Moines, Ia 50312	Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/96 6/5/96	\$26.30 \$98.77
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
same as above	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/96	\$35.21
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Percival 530 56th St Des Moines, Ia 50312	Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/96 6/4/96	\$104.99 \$62.39
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brett Broge PO Box 1-80 Grinnell, Ia 50112	Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/96	\$39.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Same as above	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/96 6/25/96	\$15.10 \$16.28

SUBTOTAL of Disbursements This Page (optional)

\$2,867.36

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Julie Stauch 4712 Westwood Dr West Des Moines, Ia 50265	Purpose of Disbursement <u>Consultant Services</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96 6/3/96	Amount of Each Disbursement This Period \$900.00 \$900.00
B. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement <u>Reimbursement</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/4/96	Amount of Each Disbursement This Period \$13.38
C. Full Name, Mailing Address and ZIP Code Hy-Vee 1700 35th St West Des Moines, Ia 50265	Purpose of Disbursement <u>Event food</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/4/96	Amount of Each Disbursement This Period \$78.52
D. Full Name, Mailing Address and ZIP Code Office Max 2900 University West Des Moines, Ia 50265	Purpose of Disbursement <u>Office Supplies</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/96 6/5/96	Amount of Each Disbursement This Period \$27.29 \$456.73
E. Full Name, Mailing Address and ZIP Code Department of Education Grimes State Office Bldg Des Moines, Ia 50309	Purpose of Disbursement <u>Office Materials</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/13/96	Amount of Each Disbursement This Period \$6.30
F. Full Name, Mailing Address and ZIP Code Sam's Club 1101 73rd St Windsor Heights, Ia 50311	Purpose of Disbursement <u>Office Supplies</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/20/96	Amount of Each Disbursement This Period \$148.24
G. Full Name, Mailing Address and ZIP Code West Des Moines Parks and Rec 4000 George Mills Civic Pkwy West Des Moines, Ia 50265	Purpose of Disbursement <u>Shelter Rental</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/20/96	Amount of Each Disbursement This Period \$20.00
H. Full Name, Mailing Address and ZIP Code Petty Cash	Purpose of Disbursement <u>Petty Cash Fund</u> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/20/96	Amount of Each Disbursement This Period \$150.00
I. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/29/96	Amount of Each Disbursement This Period \$75.00

SUBTOTAL of Disbursements This Page (optional)

\$2,775.46

TOTAL This Period (last page this line number only)

SCHEDULE B

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C003009336

A. Full Name, Mailing Address and ZIP Code Becky Martin 3422 Clark St, #1 Des Moines, Ia 50310	Purpose of Disbursement Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/18/96	Amount of Each Disbursement This Period \$179.55
B. Full Name, Mailing Address and ZIP Code Kinko's 401 Grand Ave Des Moines, Ia 50309	Purpose of Disbursement Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$6.70
C. Full Name, Mailing Address and ZIP Code Alexander's Photo 2801 Ingersoll Des Moines, Ia 50312	Purpose of Disbursement Film Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$100.59
D. Full Name, Mailing Address and ZIP Code Walgreen's 2843 Ingersoll Des Moines, Ia 50310	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$25.04
E. Full Name, Mailing Address and ZIP Code Sheffield's 2724 Ingersoll Des Moines, Ia 50312	Purpose of Disbursement Meeting Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/20/96	Amount of Each Disbursement This Period \$ 21.79
F. Full Name, Mailing Address and ZIP Code Dahl's Foods 35th and Ingersoll Des Moines, Ia 50312	Purpose of Disbursement Meeting food Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/20/96	Amount of Each Disbursement This Period \$73.62
G. Full Name, Mailing Address and ZIP Code Carter Printing 1739 E Grand Ave Des Moines, Ia 50316	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/22/96	Amount of Each Disbursement This Period \$584.85
H. Full Name, Mailing Address and ZIP Code Iowa Trial Lawyers Assoc 218 6th Ave Des Moines, Ia 50309	Purpose of Disbursement Mailing Labels Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/24/96	Amount of Each Disbursement This Period \$50.00
I. Full Name, Mailing Address and ZIP Code Crystal Clear Water 3717 Delaware Ave Des Moines, Ia 50315	Purpose of Disbursement Water Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/96	Amount of Each Disbursement This Period \$37.70

SUBTOTAL of Disbursements This Page (optional)

\$1,079.84

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code A T & T PO Box 27-866 Kansa City, MO 64184	Purpose of Disbursement Telephone Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/96	Amount of Each Disbursement This Period \$900.61
B. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/25/96 6/25/96	Amount of Each Disbursement This Period \$270.10 \$585.16
C. Full Name, Mailing Address and ZIP Code US Cellular 8475 Hickman Rd Urbandale, Ia 50322	Purpose of Disbursement Cellular phone Service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$ 114.29
D. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/25/96	Amount of Each Disbursement This Period \$110.71
E. Full Name, Mailing Address and ZIP Code Landmark Strategies 1029 North Royal St Alexandria, Va 22314	Purpose of Disbursement Telemarketing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/30/96	Amount of Each Disbursement This Period \$8,275.00
F. Full Name, Mailing Address and ZIP Code Office Depot 1550 22nd St West Des Moines, Ia 50265	Purpose of Disbursement Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96 5/24/96	Amount of Each Disbursement This Period \$59.25 \$94.65
G. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/28/96 5/30/96	Amount of Each Disbursement This Period \$167.92 \$37.21
H. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/96 6/25/96	Amount of Each Disbursement This Period \$122.19 \$159.69
I. Full Name, Mailing Address and ZIP Code Signs Now 10201 University West Des Moines, Ia 50265	Purpose of Disbursement Signage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/19/96	Amount of Each Disbursement This Period \$294.00

SUBTOTAL of Disbursements This Page (optional)

\$11,190.78

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Connie McBureny For Congress C00309336

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pratt Audio Video 333 SW 9th St Des Moines, Ia 50309	AudioVideo Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/96 6/14/96	\$303.75 \$184.38
B. Full Name, Mailing Address and ZIP Code Iowa Public Television 6450 Corporate Dr Johnston, Ia 50131	Purpose of Disbursement Video tape copy Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/3/96	Amount of Each Disbursement This Period \$35.02
C. Full Name, Mailing Address and ZIP Code Put It on Video 1905 Ingersoll Des Moines, Ia 50312	Purpose of Disbursement Video Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/96	Amount of Each Disbursement This Period \$36.75
D. Full Name, Mailing Address and ZIP Code Cappolla Properties 424 10th St, Suite 20 Des Moines, Ia 50309	Purpose of Disbursement Rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/96	Amount of Each Disbursement This Period \$250.00
E. Full Name, Mailing Address and ZIP Code Federal Express SW 9th and Morgan Des Moines, Ia 50309	Purpose of Disbursement Shipping Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/20/96	Amount of Each Disbursement This Period \$38.00
F. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/25/96	Amount of Each Disbursement This Period \$41.00
G. Full Name, Mailing Address and ZIP Code Airbourne Express 6001 Army Post Rd Des Moines, Ia 50321	Purpose of Disbursement Shipping Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/96	Amount of Each Disbursement This Period \$19.00
H. Full Name, Mailing Address and ZIP Code Gottl and Assoc 5601 Douglas Des Moines, Ia 50310	Purpose of Disbursement Shiiping Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/3/96	Amount of Each Disbursement This Period \$106.37
I. Full Name, Mailing Address and ZIP Code US West PO Box 737 Des Moines, Ia 50338	Purpose of Disbursement Telephone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96 6/3/96	Amount of Each Disbursement This Period \$358.24 \$354.61

SUBTOTAL of Disbursements This Page (optional)

\$1,727.12

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Connie McBureny For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Greenberg Research 515 2nd St, NE Washington, DC 20002	Purpose of Disbursement Consultant Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/30/96	Amount of Each Disbursement This Period \$618.67
B. Full Name, Mailing Address and ZIP Code Hotel Fort Des Moines 10th & Walnut Des Moines, Ia 50309	Purpose of Disbursement Meeting Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$324.24
C. Full Name, Mailing Address and ZIP Code Pr Promotions PO Box 34407 Bethesda, MD 20827	Purpose of Disbursement Yard Signs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$ 2,285.00
D. Full Name, Mailing Address and ZIP Code Computer Liquidators 4110 SW 9th St Des Moines, Ia 50321	Purpose of Disbursement Computer equipment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$242.55
E. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/96 6/11/96	Amount of Each Disbursement This Period \$787.58 \$177.45
F. Full Name, Mailing Address and ZIP Code Polk County Auditor 111 Court Ave Des Moines, Ia 50309	Purpose of Disbursement Copies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/3/96	Amount of Each Disbursement This Period \$25.00
G. Full Name, Mailing Address and ZIP Code Principal Health Care 4600 Westown Pkwy West Des Moines, Ia 50266	Purpose of Disbursement Health care premiums Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/96	Amount of Each Disbursement This Period \$551.90
H. Full Name, Mailing Address and ZIP Code Litho Craft Printers 2803 SW 9th Des Moines, Ia 50321	Purpose of Disbursement Office Print work Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/96 5/31/96	Amount of Each Disbursement This Period \$268.80 \$153.30
I. Full Name, Mailing Address and ZIP Code Fantasy Travel Edward Plaza 426 w st Rd Feasterville, PA 19053	Purpose of Disbursement Airline Tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/10/96	Amount of Each Disbursement This Period \$1,200.00

SUBTOTAL of Disbursements This Page (optional)

\$6,634.49

TOTAL This Period (last page this line number only)

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ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary Wennerstrum 685 36th St Des Moines, Ia 50312	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96 6/3/96	\$375.00 \$375.00
B. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/15/69	Amount of Each Disbursement This Period \$411.83
C. Full Name, Mailing Address and ZIP Code Marianne Moore 317 E Front St Colfax, Ia 50054	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96 6/3/96	\$562.50 \$562.50
D. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/15/96	Amount of Each Disbursement This Period \$565.36
E. Full Name, Mailing Address and ZIP Code Brett Broge PO Box 1-80 Grinnell, Ia 50112	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/96	300.00
F. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/15/96	Amount of Each Disbursement This Period \$500.00
G. Full Name, Mailing Address and ZIP Code Riley Grimes 1020 Walnut St Des Moines, Ia 50309	Consultant Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/96	\$1,500.00
H. Full Name, Mailing Address and ZIP Code Same as above	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/15/96	Amount of Each Disbursement This Period \$1,315.40
I. Full Name, Mailing Address and ZIP Code Kirsten Turner 4500 Colt DR West Des Moines, Ia 50265	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/96	\$ 536.79

SUBTOTAL of Disbursements This Page (optional)

\$7,104.38

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SCHEDULE B

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress

C00309336

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Axelrod and Associates 730 N Franklin, Suite 404 Chicago, IL 60610	Media Services	5/16/96	\$41,425.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96	\$ 7,500.00
B. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/24/96 5/31/96	\$5,999.00 \$673.53
C. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Consulting Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/31/96	\$1,716.64
D. Full Name, Mailing Address and ZIP Code Dean Levitan 717 4th St, #211 Des Moines, IA 50309	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96 6/3/96	\$1,062.94 \$1,062.94
E. Full Name, Mailing Address and ZIP Code Becky Martin 3422 Clark St, #1 Des Moines, IA 50311	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96 6/3/96	\$922.81 \$922.81
F. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/96	\$922.81
G. Full Name, Mailing Address and ZIP Code Jay Dick 317 E Front St Colfax, IA 50054	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96 6/3/96	\$472.70 \$472.70
H. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/96 6/5/96	\$600.00 \$200.00
I. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/96	\$636.79

SUBTOTAL of Disbursements This Page (optional)

\$64,590.67

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 9 OF 10
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Postmaster 1165 2nd Ave Des Moines, Ia 50318	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/1696 5/20/96	Amount of Each Disbursement This Period \$42.75 \$64.00
B. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/20/96 5/5/24/96	Amount of Each Disbursement This Period \$64.00 \$68.79
C. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/28/96	Amount of Each Disbursement This Period \$1,062.00
D. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/5/96	Amount of Each Disbursement This Period \$40.00
E. Full Name, Mailing Address and ZIP Code Same As above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/11/96 6/14/96	Amount of Each Disbursement This Period \$10.75 \$60.00
F. Full Name, Mailing Address and ZIP Code Same as Above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/19/96 6/24/96	Amount of Each Disbursement This Period \$129.44 \$300.00
G. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/24/96 6/25/96	Amount of Each Disbursement This Period \$357.63 \$59.84
H. Full Name, Mailing Address and ZIP Code Proven Office Systems 2900 Justin Dr, Suite B Des Moines, Ia 50322	Purpose of Disbursement Copier Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96 5/31/96	Amount of Each Disbursement This Period \$546.30 \$413.43
I. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/25/96	Amount of Each Disbursement This Period \$308.20

SUBTOTAL of Disbursements This Page (optional)

\$3,333.69

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 10 OF 10
FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

Connie McBurney For Congress C00309336

A. Full Name, Mailing Address and ZIP Code Hawkeye Telephones 6709 NW 54th St Johnston, Ia 50131	Purpose of Disbursement Telephone Install Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/30/96	Amount of Each Disbursement This Period \$149.10
B. Full Name, Mailing Address and ZIP Code Mercantile Bank E5th and Locust Des Moines, Ia 50309	Purpose of Disbursement Bank Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96 5/31/96	Amount of Each Disbursement This Period \$10.50 \$10.50
C. Full Name, Mailing Address and ZIP Code Same as above	Purpose of Disbursement Bank Fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/4/96 6/4/96	Amount of Each Disbursement This Period \$5.00 \$39.10
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$214.20

TOTAL This Period (last page this line number only)

\$101,517.99

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 3 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C00309336 Connie McBurney For Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Axelrod and Associates 730 N Franklin St Chicago, IL 60610	0	\$20,522.08	0	\$20,522.08
Nature of Debt (Purpose): Production Fees and Expenses				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Axelrod and Associates 730 N Franklin St Chicago, IL 60610	0	\$2,204.61	0	\$2,204.61
Nature of Debt (Purpose): Consultant Fees				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David Penny Studio 402 13th St Des Moines, IA 50309	\$127.00			\$127.00
Nature of Debt (Purpose): Photography Fees				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ISEA 4025 Tonawanda Dr Des Moines, IA 50312	\$275.00			\$275.00
Nature of Debt (Purpose): Mailing Labels				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor PMR Personal Marketing 322 Brady St Davenport, IA 52801	0	\$6,101.85 \$645.00		\$6,101.85 \$645.00
Nature of Debt (Purpose): Telemarketing				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor PR Promotions PO Box 34407 Bethesda, MD 20827	0	\$156.89		\$156.89
Nature of Debt (Purpose): Shipping				
1) SUBTOTALS This Period This Page (optional)				\$30,032.43
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 3 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C00309336 Connie McBurney For Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Carter Printing 1739 E Frand Ave Des Moines, Ia 50317	0	\$633.15		\$633.15
Nature of Debt (Purpose): Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Litho Craft Printing 2803 SW 9th St Des Moines, Ia 50315	0	\$984.90		\$984.90
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor US West 3190 S Vaughn Way Auroa, Co 80014	\$45.82			\$45.82
Nature of Debt (Purpose): Telephone Services				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Sunday News Delivery 4113 Colt Dr West Des Moines, Ia 50265		\$108.90		\$108.90
Nature of Debt (Purpose): Newspaper Subscription				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Des Moines Public Schools 6401 College Des Moines, Ia 50311		\$10.00		\$10.00
Nature of Debt (Purpose): Facility Rental				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Proven Office Systems 2900 Justin Dr, Ste B Des Moines, Ia 50322		\$186.90		\$186.90
Nature of Debt (Purpose): Copier				
1) SUBTOTALS This Period This Page (optional)				\$1,969.67
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 3 of 3 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C00309336 Connie McBurney For Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor US Cellular PO Box 10677 Cedar Rapids, Ia 52410		\$148.97		\$148.97
Nature of Debt (Purpose): Telephone Service				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor US West PO Box 737 Des Moines, Ia 50388		\$346.83		\$346.83
Nature of Debt (Purpose): Telephone Service				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Coppolla Properties 424 10th ,Ste 210 Des Moines, Ia 50309		\$157.50		\$157.50
Nature of Debt (Purpose): Parking				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Ia Democratic Party 431 E Locust St Des Moines, Ia 50309		\$25.00		\$25.00
Nature of Debt (Purpose): Event Fee				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$678.30
2) TOTALS This Period (last page in this line only)				\$37,250.60
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$37,250.60

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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

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J.A.Q.
PREPARER

7/22/96
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