

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
Boswell for Congress

ADDRESS (number and street) PO Box 6220
 Check if different than previously reported. (ACC)
Des Moines IA 50309 6220

2. **FEC IDENTIFICATION NUMBER** C00316661
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. **IS THIS REPORT** NEW (N) **OR** AMENDED (A)
IA 03

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 06 03 2008 in the State of IA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 01 2008 through 05 14 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Carl McGuire

Signature of Treasurer Electronically Filed by Carl McGuire Date 11 26 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Boswell for Congress

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	180523.23	1166262.88
(b) Total Contribution Refunds (from Line 20(d)).....	500.00	4500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	180023.23	1161762.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	311124.78	650294.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1952.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	311124.78	648341.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	709986.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1058.27	

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 12/2003)

Write or Type Committee Name
Boswell for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

63545.82

361216.82

(ii) Unitemized.....

23377.41

51916.40

(iii) TOTAL of contributions

86923.23

413133.22

from individuals..... ▶

0.00

1459.33

(b) Political Party Committees.....

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

93600.00

751670.33

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

180523.23

1166262.88

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

1952.96

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

142.65

2759.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

180665.88

1170974.84

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	311124.78	650294.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	500.00	4500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	4500.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	311624.78	654794.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	840945.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	180665.88
25. SUBTOTAL (add Line 23 and Line 24).....	1021610.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	311624.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	709986.12

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Michael Abrams

Mailing Address 8609 NW 70th Ct.

City Johnston State IA Zip Code 50131

FEC ID number of contributing federal political committee. C

Name of Employer Iowa Medical Society Occupation Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 04 / 27 / 2008

Transaction ID: SA11AI.51630

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
John Aschenbrenner

Mailing Address 8717 Horton Circle

City Urbandale State IA Zip Code 50322

FEC ID number of contributing federal political committee. C

Name of Employer Principal Financial Occupation President Ins. and Financial Services

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 04 / 09 / 2008

Transaction ID: SA11AI.51273

Amount of Each Receipt this Period 300.00

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

C.

Full Name (Last, First, Middle Initial)
Michael L. Bennett

Mailing Address 4508 Stoneridge Pt.

City Sioux City State IA Zip Code 51106

FEC ID number of contributing federal political committee. C

Name of Employer Terra Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2008

Transaction ID: SA11AI.52626

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

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

Mailing Address 7360 SW 133 Terrace

City State Zip Code
Miami FL 33156

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Berk, Merchant & Sims, PLC Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: SA11AI.52056

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Patti R. Blumer

Mailing Address 421 7th St. SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Principal Financial Group Assistant Federal Legislative Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: SA11AI.51650

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Margaret Borgen

Mailing Address 2504 Forest Drive

City State Zip Code
Des Moines IA 50312

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	8

Transaction ID: SA11AI.52430

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 143
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Hon. Bonnie Campbell

Mailing Address 3131 Fleur Drive #702

City State Zip Code
Des Moines IA 50321

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

Name of Employer
Campbell Law Firm

Occupation
Attorney

Receipt For: 2008
 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 14 / 2008

Transaction ID: SA11AI.52336

Amount of Each Receipt this Period

1800.00

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

B.

Full Name (Last, First, Middle Initial)
Mr. Edward Campbell

Mailing Address 3131 Fleur Drive #702

City State Zip Code
Des Moines IA 50321

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

Name of Employer
retired

Occupation
retired

Receipt For: 2008
 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 14 / 2008

Transaction ID: SA11AI.52338

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)
Jeffrey Connaughton

Mailing Address 1133 Connecticut Ave. NW
5th Fl.

City State Zip Code
Washington DC 20036

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

Name of Employer
Quinn & Gilesple

Occupation
Partner

Receipt For: 2008
 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 15 / 2008

Transaction ID: SA11AI.51444

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 143 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Clayton R. Copple</p> <p>Mailing Address 10922 Lincoln Avenue</p> <p>City State Zip Code Clive IA 50325</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Universal Eye Plan Inc. Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.52343</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">500.00</div> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	8												

<p>B. Full Name (Last, First, Middle Initial) James Cownie</p> <p>Mailing Address 141 37th St.</p> <p>City State Zip Code Des Moines IA 50312</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation New Heritage Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.51635</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												

<p>C. Full Name (Last, First, Middle Initial) Cynthia K. Cox</p> <p>Mailing Address 607 Jefferson</p> <p>City State Zip Code Bedford IA 50833</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Clarinda Academy Sequel Youth Services</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">750.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: SA11AI.51270</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">500.00</div> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	8												

<p>SUBTOTAL of Receipts This Page (optional)</p>	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">2000.00</div>
<p>TOTAL This Period (last page this line number only)</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER: PAGE 9 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
David Cranston

Mailing Address 18 Shoreline Dr.

City Grinnell State IA Zip Code 50112

FEC ID number of contributing federal political committee. C

Name of Employer Grinnell Regional Med. Center Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.52083

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Kevin Cunningham

Mailing Address 620 Country Club Boulevard

City Des Moines State IA Zip Code 50312

FEC ID number of contributing federal political committee. C

Name of Employer Iowa Clinic Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
04 / 29 / 2008

Transaction ID: SA11AI.51651

Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Mark Daley

Mailing Address 811 Burr Oaks Dr. #1301

City West Des Moines State IA Zip Code 50266

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Consultant

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
04 / 20 / 2008

Transaction ID: SA11AI.51543

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Timothy Dickson
 Mailing Address 500 Cathedral Dr.
 City State Zip Code
 Alexandria VA 22314
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation
 Consultant
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt MM / DD / YYYY
04 / 21 / 2008
Transaction ID: SA11AI.51520
 Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Eddy
 Mailing Address 317 6th Avenue, Suite 1200
 City State Zip Code
 Des Moines IA 50309
 FEC ID number of contributing federal political committee. C
 Name of Employer Whitfield & Eddy Occupation
 Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt MM / DD / YYYY
05 / 05 / 2008
Transaction ID: SA11AI.52073
 Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joe Ewing
 Mailing Address 924 46th St.
 City State Zip Code
 Sioux City IA 51104
 FEC ID number of contributing federal political committee. C
 Name of Employer Terra Industry Occupation
 Government Relations
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt MM / DD / YYYY
05 / 14 / 2008
Transaction ID: SA11AI.52637
 Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1750.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Rich Eychaner
Mailing Address P.O. Box 1797
City Des Moines State IA Zip Code 50306
FEC ID number of contributing federal political committee. **C**
Name of Employer Eychaner Properties Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 04 / 20 / 2008
Transaction ID: SA11AI.51514
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Andrew Fiske
Mailing Address 5821 Hollywood Blvd #200
City Hollywood State FL Zip Code 33021
FEC ID number of contributing federal political committee. **C**
Name of Employer CFM Occupation Mortgage Banker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 05 / 13 / 2008
Transaction ID: SA11AI.52624
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Suzie Flannery
Mailing Address 1024 21st St.
City West Des Moines State IA Zip Code 50265
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 04 / 04 / 2008
Transaction ID: SA11AI.51279
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3550.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 12 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
John Forsyth
Mailing Address 2433 Jordan Trail
City State Zip Code
West Des Moines IA 50266
FEC ID number of contributing federal political committee. **C**
Name of Employer WellMark Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt: 04 / 28 / 2008
Transaction ID: SA11AI.51648
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Holmes Foster
Mailing Address 13621 Bay Hill Drive
City State Zip Code
Des Moines IA 50325
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2800.00
Date of Receipt: 04 / 20 / 2008
Transaction ID: SA11AI.51526
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Barbara M. Gartner
Mailing Address 100 Market St. #515
City State Zip Code
Des Moines IA 50309
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt: 05 / 14 / 2008
Transaction ID: SA11AI.52627
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Frederic Garvett
Mailing Address 7541 SW 114th St.
City Miami State FL Zip Code 33156
FEC ID number of contributing federal political committee. **C**
Name of Employer Silver and Garvett Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1000.00
Date of Receipt MM / DD / YYYY
05 / 09 / 2008
Transaction ID: SA11AI.52059
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Gersie
Mailing Address 104 S. 33rd St.
City West Des Moines State IA Zip Code 50265
FEC ID number of contributing federal political committee. **C**
Name of Employer Principal Financial Group Occupation VP/CFO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
300.00
Date of Receipt MM / DD / YYYY
04 / 16 / 2008
Transaction ID: SA11AI.51454
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jane Gold
Mailing Address 6800 South West 96th St.
City Pinecrest State FL Zip Code 33156
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1000.00
Date of Receipt MM / DD / YYYY
05 / 09 / 2008
Transaction ID: SA11AI.52061
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 143
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) J. Barry Griswell	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 605 Grand Oaks Dr.	Transaction ID: SA11AI.51619
	City State Zip Code West Des Moines IA 50265	Amount of Each Receipt this Period 1150.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Principal Insurance Occupation Chairman Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

B.	Full Name (Last, First, Middle Initial) Michele Griswell	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 605 Grand Oaks Dr.	Transaction ID: SA11AI.52198
	City State Zip Code West Des Moines IA 50265	Amount of Each Receipt this Period 1150.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Homemaker Occupation none Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) T. Bernt Gronstal	Date of Receipt MM / DD / YYYY 04 / 20 / 2008
	Mailing Address 253 Hillcrest Dr.	Transaction ID: SA11AI.51538
	City State Zip Code Carroll IA 51401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Iowa Division of Banking Occupation Superintendent Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 143
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Arlys Hall

Mailing Address 2605 NE 118th Ave.

City Ankeny State IA Zip Code 50021

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

Name of Employer information requested Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 04 / 06 / 2008
Transaction ID: SA11AI.51289
Amount of Each Receipt this Period: 100.00

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

B. Full Name (Last, First, Middle Initial)
Marc Harding

Mailing Address 3211 Lincoln Pl.

City Des Moines State IA Zip Code 50312

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

Name of Employer self Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt: 04 / 06 / 2008
Transaction ID: SA11AI.51291
Amount of Each Receipt this Period: 100.00

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

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

Mailing Address 6239 N. Winwood Drive

City Johnston State IA Zip Code 50131

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

Name of Employer Whitfeld & Eddy PC Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt: 04 / 04 / 2008
Transaction ID: SA11AI.51259
Amount of Each Receipt this Period: 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Barbara Hirsch-Giller

Mailing Address 27681 Northwoods Dr.

City Adel State IA Zip Code 50003

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

Name of Employer Polk County Occupation Social Worker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 05 / 05 / 2008
Transaction ID: SA11AI.52080
 Amount of Each Receipt this Period: 300.00

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

B. Full Name (Last, First, Middle Initial)
Robert J. Hoeffler

Mailing Address 7024 Rocklyn Cir.

City Urbandale State IA Zip Code 50322

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

Name of Employer Brokers Clearing House Lt-d. Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 21 / 2008
Transaction ID: SA11AI.51521
 Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Joanie Houston

Mailing Address 504 Grand Oaks Dr.

City West Des Moines State IA Zip Code 50265

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 14 / 2008
Transaction ID: SA11AI.51450
 Amount of Each Receipt this Period: 300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Oliver Houston

Mailing Address 200 E. 10th

City State Zip Code
Lamoni IA 50140

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

Name of Employer Occupation
Graceland College Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 04 / 2008

Transaction ID: SA11AI.51281

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Jeff Hunter

Mailing Address 1000 Walnut St.

City State Zip Code
Des Moines IA 50309

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

Name of Employer Occupation
Hotel Fort Des Moines Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2245.82

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 05 / 2008

Transaction ID: SA11AI.52030

Amount of Each Receipt this Period
1745.82

In-kind - room fee fundraising expense
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Angela Iles

Mailing Address 814 N. Ave B

City State Zip Code
Washington IA 52353

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 05 / 2008

Transaction ID: SA11AI.52091

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2095.82**

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

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

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

FOR LINE NUMBER: PAGE 18 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Lowell Junkins

Mailing Address 2287 242nd St.

City State Zip Code
Donnellson IA 52625

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

Name of Employer Self Occupation Lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: SA11AI.52072

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Ellen Lamale

Mailing Address 4716 Brookview

City State Zip Code
West Des Moines IA 50265

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

Name of Employer Principal Financial Group Occupation Senior Vice President & Chief Actuary

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

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

Transaction ID: SA11AI.51271

Amount of Each Receipt this Period
300.00

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

C.

Full Name (Last, First, Middle Initial)
Larry Land

Mailing Address 6048 Terrace Dr.

City State Zip Code
Johnston IA 50131

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

Name of Employer Polk County Occupation engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: SA11AI.52636

Amount of Each Receipt this Period
250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Jerry Lang
Mailing Address 21141 NE 21st Pl.
City State Zip Code
N. Miami Beach FL 33179
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Travel Agent
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 8
Transaction ID: SA11AI.52069
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard Lawson
Mailing Address 5324 Baltimore Ave
City State Zip Code
Chevy Chase MD 20815
FEC ID number of contributing federal political committee. **C**
Name of Employer Principal Financial Group Occupation
Consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8
Transaction ID: SA11AI.51658
Amount of Each Receipt this Period
300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William Leaver
Mailing Address 8409 G24 Hwy
City State Zip Code
Indianola IA 50125
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Health System Occupation
CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 8
Transaction ID: SA11AI.51631
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Antonia Lee

Mailing Address 13 Twyford Ave.

City State Zip Code
London W3 9PY ZZ

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation n/a

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
04 / 29 / 2008

Transaction ID: SA11AI.52425

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
William Lillis

Mailing Address 3000 Patricia Drive

City State Zip Code
Des Moines IA 50322

FEC ID number of contributing federal political committee. C

Name of Employer Connolly, O'Malley, Lillis... Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

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

Transaction ID: SA11AI.51275

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
William Lillis

Mailing Address 3000 Patricia Drive

City State Zip Code
Des Moines IA 50322

FEC ID number of contributing federal political committee. C

Name of Employer Connolly, O'Malley, Lillis... Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt MM / DD / YYYY
04 / 26 / 2008

Transaction ID: SA11AI.51662

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 143
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Todd Linden

Mailing Address 5017 N. Lakeshore Dr.

City State Zip Code
Brooklyn IA 52211

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

Name of Employer Grinnell Regional Med Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: SA11AI.51269

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Paulee Lipsman

Mailing Address 2880 Grand Avenue, #106

City State Zip Code
Des Moines IA 50312

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

Name of Employer State of Iowa Occupation Dir., House Dem. Caucus Staff

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2008

Transaction ID: SA11AI.51684

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
Ty Logan

Mailing Address 1229 Grand Ave.

City State Zip Code
Keokuk IA 52632

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

Name of Employer State Central Bank Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: SA11AI.51265

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Ty Logan
Mailing Address 1229 Grand Ave.
City Keokuk State IA Zip Code 52632
FEC ID number of contributing federal political committee. **C**
Name of Employer State Central Bank Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
Date of Receipt 04 / 04 / 2008
Transaction ID: SA11AI.51428
Amount of Each Receipt this Period 700.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ty Logan
Mailing Address 1229 Grand Ave.
City Keokuk State IA Zip Code 52632
FEC ID number of contributing federal political committee. **C**
Name of Employer State Central Bank Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00
Date of Receipt 04 / 20 / 2008
Transaction ID: SA11AI.51517
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William Logan
Mailing Address 601 Main St.
City Keokuk State IA Zip Code 52632
FEC ID number of contributing federal political committee. **C**
Name of Employer State Central Bank Occupation Banker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt 04 / 09 / 2008
Transaction ID: SA11AI.51284
Amount of Each Receipt this Period 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1900.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 23 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Lee Mackson
 Mailing Address 20500 NE 22nd Ct.
 City North Miami Beach State FL Zip Code 33180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shutts & Bowen Occupation Attorney
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt 05 / 05 / 2008
Transaction ID: SA11AI.52057
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Cyril Ann Mandelbaum
 Mailing Address 2630 South Woodbridge Dr.
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation CPA
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt 04 / 27 / 2008
Transaction ID: SA11AI.51629
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stephanie Markiewicz
 Mailing Address 4672 Broddock Rd.
 City Alexandria State VA Zip Code 22311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dewey Square Group Occupation Principal
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 04 / 15 / 2008
Transaction ID: SA11AI.51446
 Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 24 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

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

Mailing Address 20011 NE 22nd Ave.

City State Zip Code
North Miami Beach FL 33180

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

Name of Employer Occupation
Hyman Specter & Mars Attorney

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

Transaction ID: SA11AI.52067

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Rick Mars

Mailing Address 1946 NE 201 St.

City State Zip Code
North Miami Beach FL 33179

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

Name of Employer Occupation
Self Dentist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

Transaction ID: SA11AI.52063

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Gayle McCulley

Mailing Address 1074 Hwy. 63

City State Zip Code
Barnes City IA 50027

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

Name of Employer Occupation
McCulley Culvert's Inc. Contractor

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.51531

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Dennis McElroy

Mailing Address 2980 300th Ave.

City Lamoni State IA Zip Code 50140

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

Name of Employer Graceland University Occupation Associate Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2008
Transaction ID: SA11AI.52351
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 1811 Country Club Rd.

City Indianola State IA Zip Code 50125

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

Name of Employer Snyder & Associates Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2008
Transaction ID: SA11AI.52634
 Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Sandy Moffett

Mailing Address 618 390th Ave.

City Grinnell State IA Zip Code 50112

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

Name of Employer Professor Occupation Grinnell College

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 04 / 05 / 2008
Transaction ID: SA11AI.52032
 Amount of Each Receipt this Period 700.00

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

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

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

Mailing Address PO Box 415

City Oskaloosa State IA Zip Code 52577

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

Name of Employer Self Occupation Higher Education Policy Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 25 / 2008
Transaction ID: SA11AI.51535
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Roger A. Mott

Mailing Address 7216 Countrywood Ct.

City Springfield State VA Zip Code 22151

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

Name of Employer Verizon Occupation VP Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2008
Transaction ID: SA11AI.51442
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
James Murphy

Mailing Address 1925 SE 82nd Street

City Runnells State IA Zip Code 50237

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

Name of Employer self Occupation farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 04 / 11 / 2008
Transaction ID: SA11AI.51337
 Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

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

Mailing Address P.O. Box 288

City State Zip Code
Princeton IA 52768

FEC ID number of contributing federal political committee. C

Name of Employer Associated Ins. Counseling Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2008

Transaction ID: SA11AI.51667

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Mary O'Keefe

Mailing Address 36779 High Meadows Rd.

City State Zip Code
Cumming IA 50061

FEC ID number of contributing federal political committee. C

Name of Employer Principal Financial Group Occupation Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2008

Transaction ID: SA11AI.51655

Amount of Each Receipt this Period 300.00

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

C.

Full Name (Last, First, Middle Initial)
David Palmer

Mailing Address 213 SW Flynn Drive

City State Zip Code
Ankeny IA 50021

FEC ID number of contributing federal political committee. C

Name of Employer Des Moines Area Community College Occupation Assistant to the President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 04 / 2008

Transaction ID: SA11AI.51278

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Matthew Paul
 Mailing Address 4146 College Ave.
 City State Zip Code
Des Moines IA 50311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Link Strategies Occupation Consultant
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 8
Transaction ID: SA11AI.51280
 Amount of Each Receipt this Period
 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Matthew Paul
 Mailing Address 4146 College Ave.
 City State Zip Code
Des Moines IA 50311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Link Strategies Occupation Consultant
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 8
Transaction ID: SA11AI.51545
 Amount of Each Receipt this Period
 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gregory E. Peterson
 Mailing Address 1510 Pleasantville Dr.
 City State Zip Code
Des Moines IA 50315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctor Occupation Diagnostic and Critical Care
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4400.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 0 8
Transaction ID: SA11AI.51623
 Amount of Each Receipt this Period
 2100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2600.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Joy Philippi
Mailing Address 2334 Hwy 81
City State Zip Code
Bruning NE 68322
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
farmer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
MM / DD / YYYY
05 / 02 / 2008
Transaction ID: SA11AI.52432
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Braxton Pulley
Mailing Address 3015 SW 12th St.
City State Zip Code
Des Moines IA 50315
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
chiropractor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
MM / DD / YYYY
05 / 05 / 2008
Transaction ID: SA11AI.52082
Amount of Each Receipt this Period
300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kevin Rader
Mailing Address 10750 Avenida Del Rio
City State Zip Code
Delray Beach FL 33446
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Insurance
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
MM / DD / YYYY
05 / 09 / 2008
Transaction ID: SA11AI.52065
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1550.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
R. Lucia Riddle

Mailing Address 1099 22nd St. NW No. 407

City Washington State DC Zip Code 20037

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

Name of Employer Principal Financial Occupation VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.51657

Amount of Each Receipt this Period: 300.00

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

B. Full Name (Last, First, Middle Initial)
Tom Riley

Mailing Address PO Box 998

City Cedar Rapids State IA Zip Code 52406

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

Name of Employer Tom Riley Law Firm Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 03 / 2008
Transaction ID: SA11AI.51276

Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Nicholas Roby

Mailing Address 400 Locust St. Suite 790

City Des Moines State IA Zip Code 50309

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 14 / 2008
Transaction ID: SA11AI.51437

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 143
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Jon-Michael Rosmann

Mailing Address 416 51st St.

City State Zip Code
West Des Moines IA 50265

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

Name of Employer State Public Policy Group Occupation CFO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

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

Transaction ID: SA11AI.51590

Amount of Each Receipt this Period
50.00

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

B.

Full Name (Last, First, Middle Initial)
Jon-Michael Rosmann

Mailing Address 416 51st St.

City State Zip Code
West Des Moines IA 50265

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

Name of Employer State Public Policy Group Occupation CFO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

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

Transaction ID: SA11AI.51695

Amount of Each Receipt this Period
75.00

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

C.

Full Name (Last, First, Middle Initial)
Linda Rouse

Mailing Address 1104 W. Ontario

City State Zip Code
Centerville IA 52544

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

Name of Employer Self Occupation Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: SA11AI.51669

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Frances Rowe
Mailing Address 4430 Hwy 316
City Swan State IA Zip Code 50252
FEC ID number of contributing federal political committee. **C**
Name of Employer information requested Occupation information requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 05 / 09 / 2008
Transaction ID: SA11AI.52077
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Stephen Rowe
Mailing Address 4430 Hwy 316
City Swan State IA Zip Code 50252
FEC ID number of contributing federal political committee. **C**
Name of Employer information requested Occupation information requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 05 / 09 / 2008
Transaction ID: SA11AI.52075
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Schipper
Mailing Address 615 Southview Drive
City Osceola State IA Zip Code 50213
FEC ID number of contributing federal political committee. **C**
Name of Employer American State Bank Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00
Date of Receipt 04 / 04 / 2008
Transaction ID: SA11AI.51277
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

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

Mailing Address 615 Southview Drive

City State Zip Code
Osceola IA 50213

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

Name of Employer Occupation
American State Bank President

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

Amount of Each Receipt this Period
250.00

Transaction ID: SA11AI.51665

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

B. Full Name (Last, First, Middle Initial)
William Edward Senn

Mailing Address 314 Kentucky Ave SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Verizon VP Communications

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

Amount of Each Receipt this Period
250.00

Transaction ID: SA11AI.51456

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

C. Full Name (Last, First, Middle Initial)
Allen Shafer

Mailing Address 5624 Waterbury Rd.

City State Zip Code
Des Moines IA 50312

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

Name of Employer Occupation
Senior Vice President Principal Financial Group

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

Amount of Each Receipt this Period
300.00

Transaction ID: SA11AI.51653

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

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 143
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Karen Shaff

Mailing Address 3724 John Lynde Rd.

City State Zip Code
Des Moines IA 50312

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

Name of Employer Occupation
Principal Financial Group Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11AI.51536

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Jerry Shellberg

Mailing Address 608 2nd St.

City State Zip Code
Red Oak IA 51566

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

Name of Employer Occupation
JFSCO Engineering, PC Professional Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11AI.52437

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Robert Skow

Mailing Address 2044 V Avenue

City State Zip Code
Dallas Center IA 50063

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

Name of Employer Occupation
Independent Insurance Agents of Iowa Govt. Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.52444

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Don Smith

Mailing Address 1420 Summer St.

City Grinnell State IA Zip Code 50112

FEC ID number of contributing federal political committee. C

Name of Employer Grinnell College Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 05 / 05 / 2008

Transaction ID: SA11AI.52079

Amount of Each Receipt this Period 300.00

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

B.

Full Name (Last, First, Middle Initial)
Donald Sonntag

Mailing Address RR 2 Box 100

City Atlantic State IA Zip Code 50022

FEC ID number of contributing federal political committee. C

Name of Employer Atlantic Lumber Company Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2008

Transaction ID: SA11AI.51282

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
John Sorensen

Mailing Address 2509 Ridgewood Dr.

City West Des Moines State IA Zip Code 50265

FEC ID number of contributing federal political committee. C

Name of Employer President Occupation Iowa Bankers Association

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2008

Transaction ID: SA11AI.51539

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Suzanne Sorensen

Mailing Address 711 High St.
916

City State Zip Code
Des Moines IA 50309

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.51452

Amount of Each Receipt this Period 300.00

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

B.

Full Name (Last, First, Middle Initial)
Suzanne Sorensen

Mailing Address 711 High St.
916

City State Zip Code
Des Moines IA 50309

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: SA11AI.51670

Amount of Each Receipt this Period 200.00

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

C.

Full Name (Last, First, Middle Initial)
Thomas Stanberry

Mailing Address 4211 Cherrywood Court

City State Zip Code
West Des Moines IA 50265

FEC ID number of contributing federal political committee. C

Name of Employer West Bank Corporation Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.51541

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Gary Steelman

Mailing Address 105 lyndhurst ave

City State Zip Code
wilmington DE 19803

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

Name of Employer chemist Occupation astrazeneca plc

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

Transaction ID: SA11AI.52445

Amount of Each Receipt this Period
200.00

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

B.

Full Name (Last, First, Middle Initial)
Robert Steen

Mailing Address 625 Crestivew

City State Zip Code
Mechanicsville IA 52306

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

Name of Employer Bridge Community Bank Occupation CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.51532

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Krista Tanner

Mailing Address 1654 NW 129th St.

City State Zip Code
Clive IA 50325

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

Name of Employer State of low Utilities Board Occupation Boardmember

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.51687

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Christina Taylor

Mailing Address 495 77th Pl.

City State Zip Code
West Des Moines IA 50266

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

Name of Employer Occupation
Iowa Clinic MD

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.51643

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Brian Thielges

Mailing Address 902 Adair St.

City State Zip Code
Adair IA 50002

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

Name of Employer Occupation
Exchange State Bank CEO/President

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.51646

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
Mary Urban

Mailing Address 7 Par Club Cir

City State Zip Code
Village of Golf FL 33436

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.52633

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Timothy Walker

Mailing Address 3300 SW 33rd St.

City State Zip Code
Des Moines IA 50321

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.51267

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Dorothy Walsh

Mailing Address 6 East Lake Dr.

City State Zip Code
Annapolis MD 21403

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

Name of Employer Qwest Occupation Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.51448

Amount of Each Receipt this Period
350.00

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

C. Full Name (Last, First, Middle Initial)
Mark Wandro

Mailing Address 8128 Wilden Dr.

City State Zip Code
Urbandale IA 50322

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

Name of Employer Snyder & Associates Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

Transaction ID: SA11AI.52074

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Waters

Mailing Address 1604 Crestwood Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Arent & Fox Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.51652

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Thomas G. West

Mailing Address 1672 Plum Thicket Lane

City State Zip Code
West Des Moines IA 50266

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

Name of Employer Occupation
Pioneer/Dupont Vice President: Biotechnology Affairs

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.51663

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
Hunton and Williams

Mailing Address 1900 K Street NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation
na na

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.52677

Amount of Each Receipt this Period

1500.00

SEE MEMO TEXT

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

SUBTOTAL of Receipts This Page (optional) ►

2250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 143

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Connie Wimer

Mailing Address 100 4th St.

City State Zip Code
Des Moines IA 50309

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

Name of Employer Occupation
Iowa Title Company President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.51649

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
William Wimmer

Mailing Address 4201 Westown Parkway Suite 250

City State Zip Code
West Des Moines IA 50266

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

Name of Employer Occupation
Wasker,Dorf,Wimmer&Marc.PC Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.51642

Amount of Each Receipt this Period

800.00

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

C.

Full Name (Last, First, Middle Initial)
William Wimmer

Mailing Address 4201 Westown Parkway Suite 250

City State Zip Code
West Des Moines IA 50266

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

Name of Employer Occupation
Wasker,Dorf,Wimmer&Marc.PC Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.51645

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Brent Wynja

Mailing Address 1012 Hunziker Drive

City State Zip Code
Ames IA 50010-5028

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

Name of Employer Occupation
Smith Barney Financial Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2008

Transaction ID: SA11AI.52350

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Larry Zimpleman

Mailing Address 2755 R45 Hwy

City State Zip Code
Cumming IA 50061

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

Name of Employer Occupation
Principal Financial Group President and Chief Executive Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2008

Transaction ID: SA11AI.51660

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	63545.82

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

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

FOR LINE NUMBER: PAGE 43 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification
Mailing Address 4301 Wilson Boulevard

City State Zip Code
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. **C** C00008169

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: SA11C.51253
 Amount of Each Receipt this Period 3000.00

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

B. Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification
Mailing Address 4301 Wilson Boulevard

City State Zip Code
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. **C** C00008169

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: SA11C.51426
 Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification
Mailing Address 4301 Wilson Boulevard

City State Zip Code
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. **C** C00008169

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	8

Transaction ID: SA11C.52042
 Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
AFLAC Incorporated PAC

Mailing Address Worldwide Headquarters
1932 Wynnton Rd.

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA11C.52622

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
AKIN, GUMP, STRAUSS, HAUER & FELD LLP CIVIC ACTION COMMITTEE

Mailing Address 1333 New Hampshire Ave NW Ste 400

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 15 / 2008

Transaction ID: SA11C.51440

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Allied Group and Farmland PAC

Mailing Address 1100 Locust St.

City Des Moines State IA Zip Code 50391

FEC ID number of contributing federal political committee. **C** C00123976

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.52669

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Allied Pilots Association PAC
Mailing Address 14600 Trinity Blvd Suite 500
City Ft Worth State TX Zip Code 76155
FEC ID number of contributing federal political committee. **C** C00267849
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2500.00
Date of Receipt 04 / 24 / 2008
Transaction ID: SA11C.51513
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Association for Justice PAC
Mailing Address 1050 31st Street N.W.
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C** C00024521
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 10000.00
Date of Receipt 04 / 15 / 2008
Transaction ID: SA11C.51434
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Optometric Association Political Action Committee
Mailing Address 1505 Prince St., Suite 300
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00024968
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 3000.00
Date of Receipt 04 / 07 / 2008
Transaction ID: SA11C.51427
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
American Podiatric Medical Association Inc Podiatry Political Action Committee

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11C.52054

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Postal Workers Union Committee On Political Action

Mailing Address 1300 L Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11C.52609

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
American Society Of Anesthesiologists PAC

Mailing Address 520 N. Northwest Highway

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: SA11C.51617

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 47 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Arent Fox Civic Participation Fund

Mailing Address 1050 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00241380

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11C.51638
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1909 K Street NW Suite 710
DC9-920-07-01

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 20 / 2008
Transaction ID: SA11C.51530
 Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Bart's Bridge PAC

Mailing Address 817 9th Ave.
PO Box 1021

City Menominee State MI Zip Code 49858

FEC ID number of contributing federal political committee. **C** C00428045

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 04 / 26 / 2008
Transaction ID: SA11C.51628
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 143

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Boeing PAC

Mailing Address 1200 Wilson Blvd.

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11C.51625

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)
Boyd for Congress

Mailing Address PO Box 15703

City State Zip Code
Tallahassee FL 32317

FEC ID number of contributing federal political committee. **C** C00310607

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11C.51258

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
California Dairies Federal PAC

Mailing Address 475 South Tegner

City State Zip Code
Turlock CA 95380

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11C.51616

Amount of Each Receipt this Period

4000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

7500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Chicago Mercantile Exchange PAC
Mailing Address 30 S. Wacker Drive
City Chicago State IL Zip Code 60606
FEC ID number of contributing federal political committee. **C** C00076299
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 9000.00
Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11C.51615
Amount of Each Receipt this Period: 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Farmers Mutual Hail PAC
Mailing Address 2323 Grand Avenue
City Des Moines State IA Zip Code 50312
FEC ID number of contributing federal political committee. **C** C00117614
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1300.00
Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11C.51637
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
General Aviation Manufacturers Association PAC
Mailing Address 1400 K Street, NW, Suite 801
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00014878
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt: 05 / 05 / 2008
Transaction ID: SA11C.52052
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **7000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Goldman Sachs Group Inc. PAC

Mailing Address 101 Constitution Avenue NW
Suite 1000 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11C.52632

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Goodrich Corporation PAC

Mailing Address 2730 West Tyvola Road

City Charlotte State NC Zip Code 28217

FEC ID number of contributing federal political committee. **C** C00101725

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA11C.52670

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Great Lakes Sugar Beet Growers Association PAC

Mailing Address 2600 South Euclid Avenue
#300 PLAZA N

City Bay City State MI Zip Code 48706

FEC ID number of contributing federal political committee. **C** C00384354

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
04 / 07 / 2008

Transaction ID: SA11C.51263

Amount of Each Receipt this Period: 1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 51 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

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

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: SA11C.52049

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Hyvee Inc Employees PAC

Mailing Address 5820 Westown Parkway

City West Des Moines State IA Zip Code 50266

FEC ID number of contributing federal political committee. **C** C00243659

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 28 / 2008

Transaction ID: SA11C.51634

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1250 H Street NW Suite 900

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt MM / DD / YYYY
04 / 15 / 2008

Transaction ID: SA11C.51436

Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Ike Skelton for Congress

Mailing Address PO Box A

City Harrisonville State MO Zip Code 64701

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 07 / 2008
Transaction ID: SA11C.51262
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address 1615 L Street NW Suite 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11C.51640
 Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Independent Insurance Agents of America, Inc. Political Action Committee (INSURPAC)

Mailing Address 412 First Street, SE, Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 04 / 04 / 2008
Transaction ID: SA11C.51256
 Amount of Each Receipt this Period: 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Iowa Corn Growers PAC

Mailing Address 5505 NW 88th St. Suite 100

City State Zip Code
Johnston IA 50131

FEC ID number of contributing federal political committee. **C** C00371856

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.51441

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Ironworkers Political Action League

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 6 / 2 0 0 8

Transaction ID: SA11C.51254

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
John Deere Political Action Committee

Mailing Address One John Deere Place

City State Zip Code
Moline IL 61265

FEC ID number of contributing federal political committee. **C** C00082255

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11C.52043

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Manufactured Housing Institute PAC

Mailing Address 2101 Wilson Blvd., Suite 610

City Arlington State VA Zip Code 22201-3062

FEC ID number of contributing federal political committee. **C** C00043463

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 04 / 30 / 2008
Transaction ID: SA11C.51627
 Amount of Each Receipt this Period: 1500.00

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

B. Full Name (Last, First, Middle Initial)
Marion Berry for Congress

Mailing Address PO Box 8084

City Jonesboro State AR Zip Code 72403

FEC ID number of contributing federal political committee. **C** C00313734

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 04 / 26 / 2008
Transaction ID: SA11C.51624
 Amount of Each Receipt this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Meredith Corporation Employees Fund for Better Government

Mailing Address 1716 Locust Street

City Des Moines State IA Zip Code 50309

FEC ID number of contributing federal political committee. **C** C00010520

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 04 / 10 / 2008
Transaction ID: SA11C.51264
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
MidAmerican Energy Company Executive PAC

Mailing Address 666 Grand Avenue
PO Box 657

City Des Moines State IA Zip Code 50303

FEC ID number of contributing federal political committee. **C** C00324483

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: SA11C.52041

Amount of Each Receipt this Period: 2500.00

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

B. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association PAC

Mailing Address 1100 King St. Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: MM / DD / YYYY
04 / 06 / 2008

Transaction ID: SA11C.51255

Amount of Each Receipt this Period: 2500.00

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

C. Full Name (Last, First, Middle Initial)
National Pork Producers Council PAC (PORK PAC)

Mailing Address 114th St. NW
PO BOX 10383/1776

City Des Moines State IA Zip Code 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
05 / 14 / 2008

Transaction ID: SA11C.52629

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
National Thoroughbred Racing Association
Mailing Address 2525 Harrodsburg Rd.
City Lexington State KY Zip Code 40504
FEC ID number of contributing federal political committee. **C** C00360008
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 04 / 18 / 2008
Transaction ID: SA11C.51435
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Principal Life Insurance Company PAC
Mailing Address 711 High Street
City Des Moines State IA Zip Code 50392
FEC ID number of contributing federal political committee. **C** C00128918
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00
Date of Receipt 04 / 20 / 2008
Transaction ID: SA11C.51525
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Principal Life Insurance Company PAC
Mailing Address 711 High Street
City Des Moines State IA Zip Code 50392
FEC ID number of contributing federal political committee. **C** C00128918
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 05 / 05 / 2008
Transaction ID: SA11C.52045
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 143
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
Principal Life Insurance Company PAC

Mailing Address 711 High Street

City State Zip Code
Des Moines IA 50392

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

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

Transaction ID: SA11C.52047

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Rain and Hail Insurance Society PAC

Mailing Address 9200 Northpark Rd.

City State Zip Code
Johnston IA 50131

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2008

Transaction ID: SA11C.51626

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 1100 Wilson Boulevard
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: SA11C.52694

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 143

(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Realtors PAC

Mailing Address 430 N. Michigan Avenue

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11C.51523

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Right Track PAC

Mailing Address PO Box 17325

City State Zip Code
Jonesboro AR 72403

FEC ID number of contributing federal political committee. **C** C00428268

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 8

Transaction ID: SA11C.51618

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)
Textron Inc. PAC

Mailing Address 40 Westminster St.
PO Box 878

City State Zip Code
Providence RI 02903

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: SA11C.51641

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

4300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
U.S. Bancorp Political Participation Program

Mailing Address 800 Nicollet Mall BC-MN-H210

City State Zip Code
Minneapolis MN 55402

FEC ID number of contributing federal political committee. **C** C00018036

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.51518

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
United Parcel Service Inc PAC

Mailing Address 55 Glenlake Parkway NE

City State Zip Code
Atlanta GA 30328

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11C.51533

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
United Parcel Service Inc PAC

Mailing Address 55 Glenlake Parkway NE

City State Zip Code
Atlanta GA 30328

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA11C.51534

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
United States Telecom Association PAC

Mailing Address 607 14th Street Northwest
Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000984

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 15 / 2008
Transaction ID: SA11C.51438
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Verizon Communications Inc. Good Government Club

Mailing Address 1300 1st St NW
4th Fl

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 04 / 25 / 2008
Transaction ID: SA11C.51512
 Amount of Each Receipt this Period: 3000.00

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

C. Full Name (Last, First, Middle Initial)
Verizon Communications Inc. Good Government Club

Mailing Address 1300 1st St NW
4th Fl

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 04 / 25 / 2008
Transaction ID: SA11C.51516
 Amount of Each Receipt this Period: 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial)
WELLPAC

Mailing Address 636 Grand Ave Station 13

City Des Moines State IA Zip Code 50309

FEC ID number of contributing federal political committee. **C** C00342022

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11C.51621
 Amount of Each Receipt this Period: 2300.00

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

B. Full Name (Last, First, Middle Initial)
Wells Fargo Employee PAC

Mailing Address Sixth and Marquette

City Minneapolis State MN Zip Code 55479

FEC ID number of contributing federal political committee. **C** C00034595

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 04 / 20 / 2008
Transaction ID: SA11C.51510
 Amount of Each Receipt this Period: 5000.00

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

C. Full Name (Last, First, Middle Initial)
Winston & Strawn PAC

Mailing Address 1700 K Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00282921

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11C.51639
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 8300.00

TOTAL This Period (last page this line number only) ► 93600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 143
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Leonard L. Boswell

Mailing Address 4323 Grand Ave.

City State Zip Code
Des Moines IA 50312

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

Name of Employer Occupation
US Congress Congressman

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2008

Transaction ID: SA11D.54331

Amount of Each Receipt this Period
45.73

unreimbursed expenses

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

TOTAL This Period (last page this line number only) ► **0.00**

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

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

FOR LINE NUMBER: PAGE 63 / 143
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
American State Bank

Mailing Address 801 E. Main Street

City State Zip Code
Lamoni IA 50140

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2554.67

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

Transaction ID: SA15.51798

Amount of Each Receipt this Period
73.52

income interest

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

B.

Full Name (Last, First, Middle Initial)
American State Bank

Mailing Address 801 E. Main Street

City State Zip Code
Lamoni IA 50140

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2623.80

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

Transaction ID: SA15.52318

Amount of Each Receipt this Period
69.13

income interest

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

SUBTOTAL of Receipts This Page (optional)	142.65
TOTAL This Period (last page this line number only)	142.65

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address 200 Vesey Street</p> <p>City New York State NY Zip Code 10285</p> <p>Purpose of Disbursement credit card processing fee</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51949</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.28"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American State Bank</p> <p>Mailing Address 801 E. Main Street</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement bank charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51786</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American State Bank</p> <p>Mailing Address 801 E. Main Street</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement federal tax deposit</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51794</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="370.34"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

415.62

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

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

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

FOR LINE NUMBER: (check only one)

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

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)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American State Bank</p> <p>Mailing Address 801 E. Main Street</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement federal tax deposit</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51824</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10604.83"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American State Bank</p> <p>Mailing Address 801 E. Main Street</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement wire fee</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51844</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American State Bank</p> <p>Mailing Address 801 E. Main Street</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement bank charge</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51864</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) American State Bank	Transaction ID: SB17.51865 Date of Disbursement 04 / 15 / 2008
	Mailing Address 801 E. Main Street	Amount of Each Disbursement this Period 39.50
	City Lamoni State IA Zip Code 50140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement bank charge Candidate Name Boswell for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American State Bank	Transaction ID: SB17.51867 Date of Disbursement 04 / 15 / 2008
	Mailing Address 801 E. Main Street	Amount of Each Disbursement this Period 1000.00
	City Lamoni State IA Zip Code 50140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement NSF - Robert Hoefler ck #2003 Candidate Name Boswell for Congress Category/Type 010	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American State Bank	Transaction ID: SB17.51903 Date of Disbursement 04 / 25 / 2008
	Mailing Address 801 E. Main Street	Amount of Each Disbursement this Period 5.54
	City Lamoni State IA Zip Code 50140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement bank charges Candidate Name Boswell for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1045.04
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American State Bank</p> <p>Mailing Address 801 E. Main Street</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement federal tax deposit</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51923</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13069.01"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American State Bank</p> <p>Mailing Address 801 E. Main Street</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement bank charge</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51999</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.38"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Janelle Anders</p> <p>Mailing Address 621 Lakeview Drive</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement consulting: accounting</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51793</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="191.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Janelle Anders Mailing Address 621 Lakeview Drive City Lamoni State IA Zip Code 50140 Purpose of Disbursement consulting:accounting Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51919 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 292.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Anzalone Research Inc. Mailing Address 260 Commerce St. 4th Floor City Montgomery State AL Zip Code 36104 Purpose of Disbursement research Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51866 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8	Amount of Each Disbursement this Period 14500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Asian Heritage Festival Mailing Address Westtown Parkway Suite 105 City West Des Moines State IA Zip Code 50266 Purpose of Disbursement booth registration Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51927 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	15142.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Assets Consulting Services</p> <p>Mailing Address 110 B East Broad St.</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement advertising</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51868</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Blank Park Zoo Foundation</p> <p>Mailing Address 7401 SW 9th St.</p> <p>City Des Moines State IA Zip Code 50315</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51805</p> <p>Date of Disbursement 04 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 258.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Bon Vivant Catering</p> <p>Mailing Address 330 Maryland Ave.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement fundraising expense</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51952</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 852.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	1410.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Mary Brandsgard

Transaction ID: SB17.51917
Date of Disbursement

Mailing Address 513 Colonial Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

City State Zip Code
West Des Moines IA 50265

Amount of Each Disbursement this Period

200.38

Purpose of Disbursement
salary

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Robert Brennan

Transaction ID: SB17.51853
Date of Disbursement

Mailing Address 759 17th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City State Zip Code
Des Moines IA 50314

Amount of Each Disbursement this Period

1862.45

Purpose of Disbursement
salary

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Robert Brennan

Transaction ID: SB17.51912
Date of Disbursement

Mailing Address 759 17th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

City State Zip Code
Des Moines IA 50314

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
cell phone stipend

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2162.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Robert Brennan Mailing Address 759 17th St. City Des Moines State IA Zip Code 50314 Purpose of Disbursement salary Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51934 Date of Disbursement 04 / 30 / 2008 Amount of Each Disbursement this Period 1862.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Lindsay Brown Mailing Address 650 16th St. #110 City Des Moines State IA Zip Code 50312 Purpose of Disbursement salary Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51859 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 1074.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Lindsay Brown Mailing Address 650 16th St. #110 City Des Moines State IA Zip Code 50312 Purpose of Disbursement reimbursements - SEE BELOW Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51871 Date of Disbursement 04 / 16 / 2008 Amount of Each Disbursement this Period 130.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3067.26

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial) US Postmaster <hr/> Mailing Address 1165 Second Ave. <hr/> City Des Moines State IA Zip Code 50301 <hr/> Purpose of Disbursement postage Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51871.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 123.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001

B. Full Name (Last, First, Middle Initial) Lindsay Brown <hr/> Mailing Address 650 16th St. #110 <hr/> City Des Moines State IA Zip Code 50312 <hr/> Purpose of Disbursement reimbursements - SEE BELOW Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51913 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 149.26
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001

C. Full Name (Last, First, Middle Initial) Costco <hr/> Mailing Address 7205 Mills Civic Parkway <hr/> City West Des Moines State IA Zip Code 50266 <hr/> Purpose of Disbursement fundraiser supplies Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51913.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 99.26
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	149.26
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Lindsay Brown</p> <p>Mailing Address 650 16th St. #110</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of Disbursement cell phone stipend</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51920</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lindsay Brown</p> <p>Mailing Address 650 16th St. #110</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51940</p> <p>Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1074.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51829</p> <p>Date of Disbursement 04 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 153.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1328.44

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51841</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51876</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="661.23"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51879</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4829.23"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Carter Printing Mailing Address 1739 East Grand City Des Moines State IA Zip Code 50316 Purpose of Disbursement printing Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51886 Date of Disbursement 04 / 24 / 2008 Amount of Each Disbursement this Period 25.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Carter Printing Mailing Address 1739 East Grand City Des Moines State IA Zip Code 50316 Purpose of Disbursement printing Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51930 Date of Disbursement 04 / 29 / 2008 Amount of Each Disbursement this Period 86.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Carter Printing Mailing Address 1739 East Grand City Des Moines State IA Zip Code 50316 Purpose of Disbursement printing Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51957 Date of Disbursement 05 / 06 / 2008 Amount of Each Disbursement this Period 4797.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4910.27

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Chase Bank One Card Services

Transaction ID: SB17.51835
Date of Disbursement

Mailing Address P.O. Box 94014

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	8

City Palatine State IL Zip Code 60094

Amount of Each Disbursement this Period

7663.35

Purpose of Disbursement
credit card payment - SEE BELOW

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Monocle on Capitol Hill

Transaction ID: SB17.51835.0
Date of Disbursement

Mailing Address 107 D Street NE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	8

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

323.00

Purpose of Disbursement
fundraising breakfast

003
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Menus Catering

Transaction ID: SB17.51835.1
Date of Disbursement

Mailing Address 5458 3rd St. NE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	8

City Washington State DC Zip Code 20011

Amount of Each Disbursement this Period

464.57

Purpose of Disbursement
fundraising breakfast

003
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

7663.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 5100 SE 14th St.</p> <p>City Des Moines State IA Zip Code 50320</p> <p>Purpose of Disbursement computer services</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51835.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="890.38"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 2700 Ingersoll Ave</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51835.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.19"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Dell Small Business</p> <p>Mailing Address Dellway Mailstop 8726</p> <p>City Round Rock State TX Zip Code 78682</p> <p>Purpose of Disbursement computer</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51835.4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1673.70"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Dell Small Business	Transaction ID: SB17.51835.5 Date of Disbursement 03 / 08 / 2008
	Mailing Address Dellway Mailstop 8726	Amount of Each Disbursement this Period 857.84
	City Round Rock	State TX
	Zip Code 78682	Category/ Type
	Purpose of Disbursement computers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	[MEMO ITEM]
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 03	

B.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: SB17.51835.6 Date of Disbursement 03 / 10 / 2008
	Mailing Address 30 Ivy Street SE	Amount of Each Disbursement this Period 30.00
	City Washington	State DC
	Zip Code 20003	Category/ Type
	Purpose of Disbursement meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	[MEMO ITEM]
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 03	

C.	Full Name (Last, First, Middle Initial) U.S. House of Representatives Gift Shop	Transaction ID: SB17.51835.7 Date of Disbursement 03 / 10 / 2008
	Mailing Address Longworth Bldg.	Amount of Each Disbursement this Period 14.81
	City Washington	State DC
	Zip Code 20515	Category/ Type
	Purpose of Disbursement fundraising gifts	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	[MEMO ITEM]
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District: 03	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Carter Printing

Mailing Address 1739 East Grand

City Des Moines State IA Zip Code 50316

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51835.8
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

843.09

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Carter Printing

Mailing Address 1739 East Grand

City Des Moines State IA Zip Code 50316

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51835.9
Date of Disbursement

03 / 14 / 2008

Amount of Each Disbursement this Period

462.28

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Baby Boomers

Mailing Address 313 E. Locust

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
meals

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51835.10
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

197.19

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A. Full Name (Last, First, Middle Initial) Baby Boomers Mailing Address 313 E. Locust City Des Moines State IA Zip Code 50309 Purpose of Disbursement meals Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51835.11 Date of Disbursement 03 / 19 / 2008
	Category/Type 001	Amount of Each Disbursement this Period 25.41
	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

B. Full Name (Last, First, Middle Initial) Carter Printing Mailing Address 1739 East Grand City Des Moines State IA Zip Code 50316 Purpose of Disbursement postage Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51835.13 Date of Disbursement 03 / 19 / 2008
	Category/Type 001	Amount of Each Disbursement this Period 1629.61
	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

C. Full Name (Last, First, Middle Initial) Baby Boomers Mailing Address 313 E. Locust City Des Moines State IA Zip Code 50309 Purpose of Disbursement meals Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51835.14 Date of Disbursement 03 / 25 / 2008
	Category/Type 001	Amount of Each Disbursement this Period 47.34
	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Tumae Sons

Transaction ID: SB17.51835.15
Date of Disbursement

Mailing Address 1501 SE 1st St

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	8

City State Zip Code
Des Moines IA 50315

Amount of Each Disbursement this Period

24.74

Purpose of Disbursement
meals

001

Category/
Type

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

Candidate Name
Boswell for Congress

[MEMO ITEM]

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Chase Bank One Card Services

Transaction ID: SB17.51962
Date of Disbursement

Mailing Address P.O. Box 94014

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

City State Zip Code
Palatine IL 60094

Amount of Each Disbursement this Period

1102.65

Purpose of Disbursement
credit card payment - SEE BELOW

001

Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Latin King

Transaction ID: SB17.51962.0
Date of Disbursement

Mailing Address 220 Hubbell Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	8

City State Zip Code
Des Moines IA 50317

Amount of Each Disbursement this Period

125.54

Purpose of Disbursement
meals

001

Category/
Type

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

Candidate Name
Boswell for Congress

[MEMO ITEM]

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1102.65

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Members Dining Room <hr/> Mailing Address US Capitol <hr/> City Washington State DC Zip Code 20515 Purpose of Disbursement meals Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51962.1 Date of Disbursement 04 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 35.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Baby Boomers <hr/> Mailing Address 313 E. Locust <hr/> City Des Moines State IA Zip Code 50309 Purpose of Disbursement meals Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51962.2 Date of Disbursement 04 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 100.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Boesen Florist <hr/> Mailing Address 3422 Beaver Ave <hr/> City Des Moines State IA Zip Code 50312 Purpose of Disbursement flowers Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51962.3 Date of Disbursement 04 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 74.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Baby Boomers

Mailing Address 313 E. Locust

City Des Moines State IA Zip Code 50309

Purpose of Disbursement meals

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51962.4
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

38.13

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Members Dining Room

Mailing Address US Capitol

City Washington State DC Zip Code 20515

Purpose of Disbursement meals

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51962.5
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

39.85

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Alexanders

Mailing Address 1000 Walnut St.

City Des Moines State IA Zip Code 50309

Purpose of Disbursement meals

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

003
Category/
Type

Transaction ID: SB17.51962.6
Date of Disbursement

04 / 20 / 2008

Amount of Each Disbursement this Period

229.88

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Alexanders	Transaction ID: SB17.51962.7
	Mailing Address 1000 Walnut St.	Date of Disbursement 04 / 20 / 2008
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period 6.50
	Purpose of Disbursement meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	Category/Type 001
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

B.	Full Name (Last, First, Middle Initial) Tumae Sons	Transaction ID: SB17.51962.8
	Mailing Address 1501 SE 1st St	Date of Disbursement 04 / 21 / 2008
	City Des Moines State IA Zip Code 50315	Amount of Each Disbursement this Period 36.74
	Purpose of Disbursement meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	Category/Type 001
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

C.	Full Name (Last, First, Middle Initial) Crystal Clear Water Co.	Transaction ID: SB17.51828
	Mailing Address 3717 Delaware Ave.	Date of Disbursement 04 / 09 / 2008
	City Des Moines State IA Zip Code 50313-2596	Amount of Each Disbursement this Period 67.83
	Purpose of Disbursement office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	Category/Type 001
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

SUBTOTAL of Disbursements This Page (optional)	▶	67.83
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mark Daley</p> <p>Mailing Address 811 Burr Oaks Dr. #1301</p> <p>City West Des Moines State IA Zip Code 50266</p> <p>Purpose of Disbursement consulting: communications</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51846</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mark Daley</p> <p>Mailing Address 811 Burr Oaks Dr. #1301</p> <p>City West Des Moines State IA Zip Code 50266</p> <p>Purpose of Disbursement consulting: communications</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51905</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mark Daley</p> <p>Mailing Address 811 Burr Oaks Dr. #1301</p> <p>City West Des Moines State IA Zip Code 50266</p> <p>Purpose of Disbursement consulting: communications</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51990</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Daley Solutions <hr/> Mailing Address 811 Burr Oaks Dr. <hr/> City West Des Moines State IA Zip Code 50266 <hr/> Purpose of Disbursement advertising Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51965 Date of Disbursement 05 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 2865.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Des Moines Embassy Club <hr/> Mailing Address 801 Grand Ave #4000 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement fundraiser expense Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51959 Date of Disbursement 05 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 802.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Dorrian Communications <hr/> Mailing Address 928 Morton Ave. <hr/> City Des Moines State IA Zip Code 50316 <hr/> Purpose of Disbursement office equipment Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51804 Date of Disbursement 04 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 687.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4355.46

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Fleur Mini Storage <hr/> Mailing Address 1900 SW Hackley Ave <hr/> City Des Moines State IA Zip Code 50315 <hr/> Purpose of Disbursement rental facilities Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51808 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 102.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Pete Gutschenritter <hr/> Mailing Address 13614 Fredrick St. <hr/> City Omaha State NE Zip Code 68144 <hr/> Purpose of Disbursement reimbursements - SEE BELOW Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51820 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 99.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Warren County Farm Bureau <hr/> Mailing Address 200 W. 2nd Ave. <hr/> City Indianola State IA Zip Code 50125 <hr/> Purpose of Disbursement health insurance Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51820.0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

202.22

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Pete Gutschenritter

Transaction ID: SB17.51856
Date of Disbursement

Mailing Address 13614 Fredrick St.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City Omaha State NE Zip Code 68144

Amount of Each Disbursement this Period

972.24

Purpose of Disbursement
salary

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 03

B.

Full Name (Last, First, Middle Initial)
Pete Gutschenritter

Transaction ID: SB17.51892
Date of Disbursement

Mailing Address 13614 Fredrick St.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

City Omaha State NE Zip Code 68144

Amount of Each Disbursement this Period

331.00

Purpose of Disbursement
mileage/cell stipend

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 03

C.

Full Name (Last, First, Middle Initial)
Pete Gutschenritter

Transaction ID: SB17.51936
Date of Disbursement

Mailing Address 13614 Fredrick St.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City Omaha State NE Zip Code 68144

Amount of Each Disbursement this Period

972.24

Purpose of Disbursement
salary

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 03

SUBTOTAL of Disbursements This Page (optional)

2275.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Pete Gutschenritter Mailing Address 13614 Fredrick St. City Omaha State NE Zip Code 68144 Purpose of Disbursement reimbursements - SEE BELOW Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51982 Date of Disbursement 05 / 09 / 2008 Amount of Each Disbursement this Period 872.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) CobraServ National Service Center Mailing Address P. O. Box 534099 City St. Petersburg State FL Zip Code 33747 Purpose of Disbursement health insurance Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51982.0 Date of Disbursement 03 / 01 / 2008 Amount of Each Disbursement this Period 290.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) CobraServ National Service Center Mailing Address P. O. Box 534099 City St. Petersburg State FL Zip Code 33747 Purpose of Disbursement health insurance Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51982.1 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 290.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	872.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CobraServ National Service Center</p> <p>Mailing Address P. O. Box 534099</p> <p>City St. Petersburg State FL Zip Code 33747</p> <p>Purpose of Disbursement health insurance</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51982.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="290.88"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) H.B. Leiserowitz Co.</p> <p>Mailing Address 213 13th St.</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement advertising</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51975</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.32"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Chris Hall</p> <p>Mailing Address 3050 University Ave. Apt. 60</p> <p>City West Des Moines State IA Zip Code 50266</p> <p>Purpose of Disbursement mileage</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51811</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="209.53"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

261.85

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Chris Hall</p> <p>Mailing Address 3050 University Ave. Apt. 60</p> <p>City West Des Moines State IA Zip Code 50266</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51857</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.37"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Chris Hall</p> <p>Mailing Address 3050 University Ave. Apt. 60</p> <p>City West Des Moines State IA Zip Code 50266</p> <p>Purpose of Disbursement mileage/cell phone stipend</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51897</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="697.46"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Chris Hall</p> <p>Mailing Address 3050 University Ave. Apt. 60</p> <p>City West Des Moines State IA Zip Code 50266</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51938</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="950.37"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2598.20"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jeff Hall</p> <p>Mailing Address 2408 Logan Ave.</p> <p>City Des Moines State IA Zip Code 50317</p> <p>Purpose of Disbursement mileage</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51883</p> <p>Date of Disbursement 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 73.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jeff Hall</p> <p>Mailing Address 2408 Logan Ave.</p> <p>City Des Moines State IA Zip Code 50317</p> <p>Purpose of Disbursement mileage/volunteer lunch</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51967</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 73.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jeff Hall</p> <p>Mailing Address 2408 Logan Ave.</p> <p>City Des Moines State IA Zip Code 50317</p> <p>Purpose of Disbursement mileage</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51985</p> <p>Date of Disbursement 05 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 154.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	301.36
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Hotel Fort Des Moines	Transaction ID: SB17.51875 Date of Disbursement																			
	Mailing Address 1000 Walnut St.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	0	8												
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period																			
	Purpose of Disbursement fundraising expense	<table border="1"><tr><td>4444.73</td></tr></table>	4444.73																		
4444.73																					
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type: 003																			

B.	Full Name (Last, First, Middle Initial) Hotel Fort Des Moines	Transaction ID: SB17.51973 Date of Disbursement																			
	Mailing Address 1000 Walnut St.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	8												
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period																			
	Purpose of Disbursement fundraising expense	<table border="1"><tr><td>905.24</td></tr></table>	905.24																		
905.24																					
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type: 003																			

C.	Full Name (Last, First, Middle Initial) Jeff Hunter	Transaction ID: SB17.52031 Date of Disbursement																			
	Mailing Address 1000 Walnut St.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	0	8												
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period																			
	Purpose of Disbursement In-kind - room fee fundraising expense	<table border="1"><tr><td>1745.82</td></tr></table>	1745.82																		
1745.82																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/Type:																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7095.79</td></tr></table>	7095.79
7095.79		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Iowa Democratic Party

Mailing Address 5661 Fleur Dr.

City Des Moines State IA Zip Code 50321

Purpose of Disbursement
advertising

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51789
Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

10000.00

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

B.

Full Name (Last, First, Middle Initial)
Iowa Workforce Development

Mailing Address 1000 East Grand Avenue

City Des Moines State IA Zip Code 50319-0209

Purpose of Disbursement
employer's contribution

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51796
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

1088.20

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

C.

Full Name (Last, First, Middle Initial)
Kieloch Consultants

Mailing Address 236 Massachusetts Avenue, NE, #206

City Washington State DC Zip Code 20002

Purpose of Disbursement
consulting:fundraising

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

003
Category/
Type

Transaction ID: SB17.51885
Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

3000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

14088.20

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Koch Brothers, Inc.</p> <p>Mailing Address 4th and Grand Avenue</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51809</p> <p>Date of Disbursement 04 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 110.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Koch Brothers, Inc.</p> <p>Mailing Address 4th and Grand Avenue</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51810</p> <p>Date of Disbursement 04 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Koch Brothers, Inc.</p> <p>Mailing Address 4th and Grand Avenue</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51882</p> <p>Date of Disbursement 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 110.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

620.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Koch Brothers, Inc.</p> <p>Mailing Address 4th and Grand Avenue</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51929</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 975.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Koch Brothers, Inc.</p> <p>Mailing Address 4th and Grand Avenue</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51963</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 110.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Lyrix Wireless</p> <p>Mailing Address 404 Howland St. P.O. Box 90</p> <p>City Emerson State IA Zip Code 51533</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51870</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 57.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	1142.45
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Lyrix Wireless</p> <p>Mailing Address 404 Howland St. P.O. Box 90</p> <p>City Emerson State IA Zip Code 51533</p> <p>Purpose of Disbursement telephone 001 Category/Type</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51987</p> <p>Date of Disbursement 05 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 57.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mack/Crouse Group</p> <p>Mailing Address 4900 Seminary Rd. Suite 1020</p> <p>City Alexandria State VA Zip Code 22311</p> <p>Purpose of Disbursement mailing costs 004 Category/Type</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51816</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 53375.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mack/Crouse Group</p> <p>Mailing Address 4900 Seminary Rd. Suite 1020</p> <p>City Alexandria State VA Zip Code 22311</p> <p>Purpose of Disbursement advertising 004 Category/Type</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51834</p> <p>Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 28028.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

81461.63

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Mack/Crouse Group Mailing Address 4900 Seminary Rd. Suite 1020 City Alexandria State VA Zip Code 22311 Purpose of Disbursement advertising Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51843 Date of Disbursement 04 / 14 / 2008 Amount of Each Disbursement this Period 27098.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mack/Crouse Group Mailing Address 4900 Seminary Rd. Suite 1020 City Alexandria State VA Zip Code 22311 Purpose of Disbursement advertising Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51873 Date of Disbursement 04 / 16 / 2008 Amount of Each Disbursement this Period 28803.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Molly McAndrew Mailing Address 1183 Yellow Lane City Lisbon State IA Zip Code 52253 Purpose of Disbursement reimbursements - SEE BELOW Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51822 Date of Disbursement 04 / 07 / 2008 Amount of Each Disbursement this Period 122.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

56023.97

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Warren County Farm Bureau

Mailing Address 200 W. 2nd Ave.

City Indianola State IA Zip Code 50125

Purpose of Disbursement
health insurance

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51822.0
Date of Disbursement

03 / 21 / 2008

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Molly McAndrew

Mailing Address 1183 Yellow Lane

City Lisbon State IA Zip Code 52253

Purpose of Disbursement
salary

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51858
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

972.24

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

C.

Full Name (Last, First, Middle Initial)
Molly McAndrew

Mailing Address 1183 Yellow Lane

City Lisbon State IA Zip Code 52253

Purpose of Disbursement
mileage/cell phone stipend

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51890
Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

101.48

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

SUBTOTAL of Disbursements This Page (optional) ▶

1073.72

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Molly McAndrew

Mailing Address 1183 Yellow Lane

City Lisbon State IA Zip Code 52253

Purpose of Disbursement
salary

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51939
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

972.24

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

B.

Full Name (Last, First, Middle Initial)
Merchant-Link

Mailing Address 8401 Colesville Rd Ste 900

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
credit card processing fees

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

003
Category/
Type

Transaction ID: SB17.52027
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

26.02

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

C.

Full Name (Last, First, Middle Initial)
Merchant-Link

Mailing Address 8401 Colesville Rd Ste 900

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
credit card processing fees

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

003
Category/
Type

Transaction ID: SB17.52028
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

37.65

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

SUBTOTAL of Disbursements This Page (optional) ▶

1035.91

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Merchant-Link	Transaction ID: SB17.52029 Date of Disbursement
	Mailing Address 8401 Colesville Rd Ste 900	<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fees	<input type="text" value="306.82"/>
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="003"/>

B.	Full Name (Last, First, Middle Initial) Merchant-Link	Transaction ID: SB17.52000 Date of Disbursement
	Mailing Address 8401 Colesville Rd Ste 900	<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fees	<input type="text" value="9.76"/>
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="003"/>

C.	Full Name (Last, First, Middle Initial) Merchant-Link	Transaction ID: SB17.52001 Date of Disbursement
	Mailing Address 8401 Colesville Rd Ste 900	<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fees	<input type="text" value="47.27"/>
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="003"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="363.85"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Merchant-Link

Mailing Address 8401 Colesville Rd Ste 900

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
credit card processing fees

003
Category/
Type

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 03

Transaction ID: SB17.52002
Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

265.59

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

B.

Full Name (Last, First, Middle Initial)
Metrotec

Mailing Address 411 Meeting St.
Suite 1305

City Charleston State SC Zip Code 29403

Purpose of Disbursement
mailing costs

004
Category/
Type

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 03

Transaction ID: SB17.51787
Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

898.40

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

C.

Full Name (Last, First, Middle Initial)
Metrotec

Mailing Address 411 Meeting St.
Suite 1305

City Charleston State SC Zip Code 29403

Purpose of Disbursement
advertising

004
Category/
Type

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 03

Transaction ID: SB17.51964
Date of Disbursement

05 / 06 / 2008

Amount of Each Disbursement this Period

496.67

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

SUBTOTAL of Disbursements This Page (optional) ▶

1660.66

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Metro Waste Authority</p> <p>Mailing Address E. Locust Suite 313</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement rental facilities</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51826</p> <p>Date of Disbursement 04 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 984.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Metro Waste Authority</p> <p>Mailing Address E. Locust Suite 313</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement rental facilities</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51961</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 732.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sandy Moffett</p> <p>Mailing Address 618 390th Ave.</p> <p>City Grinnell State IA Zip Code 50112</p> <p>Purpose of Disbursement In-kind - fundraiser entertainment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.52034</p> <p>Date of Disbursement 04 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2416.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Natasha Newcomb</p> <p>Mailing Address 4024 Hubbell Ave. #234</p> <p>City Des Moines State IA Zip Code 50317</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51997</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 972.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) NGP Software Inc.</p> <p>Mailing Address 5440 Nevada Ave. NW 3rd Floor</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement computer services</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51792</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1950.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) NGP Software Inc.</p> <p>Mailing Address 5440 Nevada Ave. NW 3rd Floor</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement computer services</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51911</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 450.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3372.24

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Vilay Nguyen <hr/> Mailing Address 2402 Welbeck Rd. <hr/> City Des Moines State IA Zip Code 50310 <hr/> Purpose of Disbursement salary Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51944 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8	Amount of Each Disbursement this Period 429.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Joseph O'Hern <hr/> Mailing Address 6085 Greywood Circle <hr/> City Johnston State IA Zip Code 50131 <hr/> Purpose of Disbursement mileage Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51813 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 374.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Joseph O'Hern <hr/> Mailing Address 6085 Greywood Circle <hr/> City Johnston State IA Zip Code 50131 <hr/> Purpose of Disbursement salary Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51881 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 8	Amount of Each Disbursement this Period 382.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1186.39

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Joseph O'Hern

Transaction ID: SB17.51893
Date of Disbursement

Mailing Address 6085 Greywood Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

City Johnston State IA Zip Code 50131

Amount of Each Disbursement this Period

387.76

Purpose of Disbursement
mileage

001

Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Joseph O'Hern

Transaction ID: SB17.51908
Date of Disbursement

Mailing Address 6085 Greywood Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

City Johnston State IA Zip Code 50131

Amount of Each Disbursement this Period

382.18

Purpose of Disbursement
salary

001

Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Joseph O'Hern

Transaction ID: SB17.51971
Date of Disbursement

Mailing Address 6085 Greywood Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	0	8

City Johnston State IA Zip Code 50131

Amount of Each Disbursement this Period

90.64

Purpose of Disbursement
mileage

001

Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

860.58

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Joseph O'Hern

Mailing Address 6085 Greywood Circle

City Johnston State IA Zip Code 50131

Purpose of Disbursement
mileage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51972
Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

75.21

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

B.

Full Name (Last, First, Middle Initial)
Joseph O'Hern

Mailing Address 6085 Greywood Circle

City Johnston State IA Zip Code 50131

Purpose of Disbursement
reimbursements - SEE BELOW

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51984
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

30.69

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

C.

Full Name (Last, First, Middle Initial)
Walgreens

Mailing Address 3030 University Ave

City Des Moines State IA Zip Code 50311

Purpose of Disbursement
supplies

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51984.0
Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

30.69

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

105.90

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 108 / 143

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Joseph O'Hern</p> <p>Mailing Address 6085 Greywood Circle</p> <p>City Johnston State IA Zip Code 50131</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51993</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="382.18"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Scott Ourth</p> <p>Mailing Address 1209 W. 2nd Ave #9-D</p> <p>City Indianola State IA Zip Code 50125</p> <p>Purpose of Disbursement salary correction</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51825</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.02"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Scott Ourth</p> <p>Mailing Address 1209 W. 2nd Ave #9-D</p> <p>City Indianola State IA Zip Code 50125</p> <p>Purpose of Disbursement reimbursements - SEE BELOW</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51831</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1154.16"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.51831.0 Date of Disbursement
	Mailing Address 1165 Second Ave.	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Des Moines State IA Zip Code 50301	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="16.25"/>
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

B.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.51831.2 Date of Disbursement
	Mailing Address 1165 Second Ave.	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Des Moines State IA Zip Code 50301	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="82.00"/>
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

C.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.51831.3 Date of Disbursement
	Mailing Address 1165 Second Ave.	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Des Moines State IA Zip Code 50301	Amount of Each Disbursement this Period
	Purpose of Disbursement postage	<input type="text" value="205.00"/>
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 1165 Second Ave.

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51831.4
Date of Disbursement

04 / 12 / 2008

Amount of Each Disbursement this Period

205.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 1165 Second Ave.

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51831.5
Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

134.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 2700 Ingersoll Ave

City Des Moines State IA Zip Code 50312

Purpose of Disbursement
office supplies

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51831.8
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

93.26

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 2700 Ingersoll Ave</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51831.9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 2700 Ingersoll Ave</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51831.10</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="105.98"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Pratt Audio Visual</p> <p>Mailing Address 333 SW 9th Suite N</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51831.11</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="267.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Scott Ourth</p> <p>Mailing Address 1209 W. 2nd Ave #9-D</p> <p>City Indianola State IA Zip Code 50125</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51854</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2062.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Scott Ourth</p> <p>Mailing Address 1209 W. 2nd Ave #9-D</p> <p>City Indianola State IA Zip Code 50125</p> <p>Purpose of Disbursement reimbursements - SEE BELOW</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51914</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1121.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 2700 Ingersoll Ave</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51914.0</p> <p>Date of Disbursement 04 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 13.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3183.60

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 1165 Second Ave.

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51914.1
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

87.97

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 1165 Second Ave.

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51914.2
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

78.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 1165 Second Ave.

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51914.3
Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

82.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 2700 Ingersoll Ave City Des Moines State IA Zip Code 50312 Purpose of Disbursement office supplies Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51914.4 Date of Disbursement 04 / 23 / 2008 Amount of Each Disbursement this Period 108.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 1165 Second Ave. City Des Moines State IA Zip Code 50301 Purpose of Disbursement postage Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51914.5 Date of Disbursement 04 / 24 / 2008 Amount of Each Disbursement this Period 52.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) US Postmaster Mailing Address 1165 Second Ave. City Des Moines State IA Zip Code 50301 Purpose of Disbursement postage Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51914.6 Date of Disbursement 04 / 24 / 2008 Amount of Each Disbursement this Period 52.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: SB17.51914.7 Date of Disbursement																			
	Mailing Address 2900 University	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
	City Des Moines State IA Zip Code 50311	Amount of Each Disbursement this Period																			
	Purpose of Disbursement office supplies	<table border="1"><tr><td>122.78</td></tr></table>	122.78																		
122.78																					
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: IA District: 03																				

B.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: SB17.51914.8 Date of Disbursement																			
	Mailing Address 6305 Civic Mills Parkway	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
	City West Des Moines State IA Zip Code 50266	Amount of Each Disbursement this Period																			
	Purpose of Disbursement office supplies	<table border="1"><tr><td>51.48</td></tr></table>	51.48																		
51.48																					
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: IA District: 03																				

C.	Full Name (Last, First, Middle Initial) Scott Ourth	Transaction ID: SB17.51935 Date of Disbursement																			
	Mailing Address 1209 W. 2nd Ave #9-D	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
	City Indianola State IA Zip Code 50125	Amount of Each Disbursement this Period																			
	Purpose of Disbursement salary	<table border="1"><tr><td>2062.52</td></tr></table>	2062.52																		
2062.52																					
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																				
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: IA District: 03																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2062.52</td></tr></table>	2062.52
2062.52		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Scott Ourth</p> <p>Mailing Address 1209 W. 2nd Ave #9-D</p> <p>City Indianola State IA Zip Code 50125</p> <p>Purpose of Disbursement reimbursments - SEE BELOW</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51955</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2372.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Carter Printing</p> <p>Mailing Address 1739 East Grand</p> <p>City Des Moines State IA Zip Code 50316</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51955.0</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2023.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Perkins Cole</p> <p>Mailing Address 1201 Third Ave 40th Fl.</p> <p>City Seattle State WA Zip Code 98101</p> <p>Purpose of Disbursement research</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51925</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1020.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3392.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Polk County Democrats Mailing Address 5561 Fleur City Des Moines State IA Zip Code 50321 Purpose of Disbursement Spring dinner Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51884 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Qwest Communications Mailing Address PO Box 737 City Des Moines State IA Zip Code 50338-0001 Purpose of Disbursement telephone Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51783 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 72.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Qwest Communications Mailing Address PO Box 737 City Des Moines State IA Zip Code 50338-0001 Purpose of Disbursement telephone Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51785 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	397.75
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Qwest Communications</p> <p>Mailing Address PO Box 737</p> <p>City Des Moines State IA Zip Code 50338-0001</p> <p>Purpose of Disbursement telephone <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: SB17.51832</p> <p>Date of Disbursement 04 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 802.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Qwest Communications</p> <p>Mailing Address PO Box 737</p> <p>City Des Moines State IA Zip Code 50338-0001</p> <p>Purpose of Disbursement telephone <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: SB17.51976</p> <p>Date of Disbursement 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 752.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Arthur Sayasane</p> <p>Mailing Address 2616 Driftwood</p> <p>City Des Moines State IA Zip Code 50310</p> <p>Purpose of Disbursement salary <input type="checkbox"/> 001 Category/Type</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: SB17.51915</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 376.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1931.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Arthur Sayasane</p> <p>Mailing Address 2616 Driftwood</p> <p>City Des Moines State IA Zip Code 50310</p> <p>Purpose of Disbursement mileage</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51969</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 34.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Arthur Sayasane</p> <p>Mailing Address 2616 Driftwood</p> <p>City Des Moines State IA Zip Code 50310</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51996</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 399.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Betsy Shelton</p> <p>Mailing Address 305 S. State St.</p> <p>City Lamoni State IA Zip Code 50140</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51863</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2355.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2789.60

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Betsy Shelton	Transaction ID: SB17.51924 Date of Disbursement 04 / 29 / 2008
	Mailing Address 305 S. State St.	Amount of Each Disbursement this Period 176.38
	City Lamoni State IA Zip Code 50140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reimbursements - SEE BELOW Candidate Name Boswell for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Community Insurance	Transaction ID: SB17.51924.0 Date of Disbursement 04 / 06 / 2008
	Mailing Address 39201 Seven Mile Road	Amount of Each Disbursement this Period 126.38
	City Livonia State MI Zip Code 48152	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement health insurance Candidate Name Boswell for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Betsy Shelton	Transaction ID: SB17.51943 Date of Disbursement 04 / 30 / 2008
	Mailing Address 305 S. State St.	Amount of Each Disbursement this Period 1621.83
	City Lamoni State IA Zip Code 50140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name Boswell for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1798.21

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Richard Soroka</p> <p>Mailing Address 4105 SW 28th St.</p> <p>City Des Moines State IA Zip Code 50321</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51910</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 519.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Soroka</p> <p>Mailing Address 4105 SW 28th St.</p> <p>City Des Moines State IA Zip Code 50321</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51995</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 382.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Russell Squire</p> <p>Mailing Address 1155 Park Ave.</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement reimbursements - SEE BELOW</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51819</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 188.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1089.94

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Warren County Farm Bureau

Mailing Address 200 W. 2nd Ave.

City Indianola State IA Zip Code 50125

Purpose of Disbursement health insurance

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51819.0
Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Russell Squire

Mailing Address 1155 Park Ave.

City New York State NY Zip Code 10128

Purpose of Disbursement salary

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51860
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

950.37

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

C.

Full Name (Last, First, Middle Initial)
Russell Squire

Mailing Address 1155 Park Ave.

City New York State NY Zip Code 10128

Purpose of Disbursement computer repair/cell stipend/mileage

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51891
Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

1373.70

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

SUBTOTAL of Disbursements This Page (optional) ▶

2324.07

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Russell Squire	Transaction ID: SB17.51941 Date of Disbursement 04 / 30 / 2008
	Mailing Address 1155 Park Ave.	Amount of Each Disbursement this Period 950.37
	City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name Boswell for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Russell Squire	Transaction ID: SB17.51983 Date of Disbursement 05 / 09 / 2008
	Mailing Address 1155 Park Ave.	Amount of Each Disbursement this Period 261.70
	City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reimbursements: Candidate Name Boswell for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Wellmark BC/BS	Transaction ID: SB17.51983.0 Date of Disbursement 05 / 05 / 2008
	Mailing Address 636 Grand Ave	Amount of Each Disbursement this Period 261.70
	City Des Moines State IA Zip Code 50309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement health insurance Candidate Name Boswell for Congress Category/Type 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	1212.07
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Sarita Sukhrai	Transaction ID: SB17.51812
	Mailing Address 1375 Lake Shadow Cr. 11-308	Date of Disbursement 04 / 06 / 2008
	City Maitland State FL Zip Code 32751	Amount of Each Disbursement this Period 34.32
	Purpose of Disbursement mileage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

B.	Full Name (Last, First, Middle Initial) Sarita Sukhraj	Transaction ID: SB17.51861
	Mailing Address 1375 Lake Shadow Cr. 11-308	Date of Disbursement 04 / 15 / 2008
	City Maitland State FL Zip Code 32751	Amount of Each Disbursement this Period 972.24
	Purpose of Disbursement salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

C.	Full Name (Last, First, Middle Initial) Sarita Sukhraj	Transaction ID: SB17.51888
	Mailing Address 1375 Lake Shadow Cr. 11-308	Date of Disbursement 04 / 25 / 2008
	City Maitland State FL Zip Code 32751	Amount of Each Disbursement this Period 270.18
	Purpose of Disbursement mileage/cell phone stipend/insurance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Boswell for Congress	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IA District: 03	

SUBTOTAL of Disbursements This Page (optional)	1276.74
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Warren County Farm Bureau

Mailing Address 200 W. 2nd Ave.

City Indianola State IA Zip Code 50125

Purpose of Disbursement health insurance

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51888.0
Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sarita Sukhraj

Mailing Address 1375 Lake Shadow Cr. 11-308

City Maitland State FL Zip Code 32751

Purpose of Disbursement salary

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51942
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

972.24

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

C.

Full Name (Last, First, Middle Initial)
Kate Sullivan

Mailing Address 2636 Prairie Ave.

City Evanston State IL Zip Code 60201

Purpose of Disbursement reimbursements - SEE BELOW

Candidate Name Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51818
Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

58.83

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

SUBTOTAL of Disbursements This Page (optional) ▶

1031.07

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: SB17.51818.0 Date of Disbursement																			
	Mailing Address 2700 Ingersoll Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	8												
	City Des Moines State IA Zip Code 50312	Amount of Each Disbursement this Period																			
	Purpose of Disbursement office supplies	<table border="1"><tr><td>18.83</td></tr></table>	18.83																		
18.83																					
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: IA District: 03																				

B.	Full Name (Last, First, Middle Initial) Warren County Farm Bureau	Transaction ID: SB17.51818.1 Date of Disbursement																			
	Mailing Address 200 W. 2nd Ave.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	8												
	City Indianola State IA Zip Code 50125	Amount of Each Disbursement this Period																			
	Purpose of Disbursement health insurance	<table border="1"><tr><td>40.00</td></tr></table>	40.00																		
40.00																					
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: IA District: 03																				

C.	Full Name (Last, First, Middle Initial) Kate Sullivan	Transaction ID: SB17.51847 Date of Disbursement																			
	Mailing Address 2636 Prairie Ave.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	8												
	City Evanston State IL Zip Code 60201	Amount of Each Disbursement this Period																			
	Purpose of Disbursement salary	<table border="1"><tr><td>1151.62</td></tr></table>	1151.62																		
1151.62																					
	Candidate Name Boswell for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																				
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: IA District: 03																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1151.62</td></tr></table>	1151.62
1151.62		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Kate Sullivan Mailing Address 2636 Prairie Ave. City Evanston State IL Zip Code 60201 Purpose of Disbursement mileage/reimbursements - SEE BELOW Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51889 Date of Disbursement 04 / 25 / 2008 Amount of Each Disbursement this Period 178.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Office Max Mailing Address 2700 Ingersoll Ave. City Des Moines State IA Zip Code 50312 Purpose of Disbursement office supplies Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51889.0 Date of Disbursement 04 / 17 / 2008 Amount of Each Disbursement this Period 4.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Kate Sullivan Mailing Address 2636 Prairie Ave. City Evanston State IL Zip Code 60201 Purpose of Disbursement salary Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51906 Date of Disbursement 04 / 28 / 2008 Amount of Each Disbursement this Period 1151.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1330.22

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Kate Sullivan

Transaction ID: SB17.51954
Date of Disbursement

Mailing Address 2636 Prairie Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	8

City State Zip Code
Evanston IL 60201

Amount of Each Disbursement this Period

949.86

Purpose of Disbursement
reimbursements - SEE BELOW

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
CobraServ National Service Center

Transaction ID: SB17.51954.0
Date of Disbursement

Mailing Address P. O. Box 534099

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	8

City State Zip Code
St. Petersburg FL 33747

Amount of Each Disbursement this Period

949.86

Purpose of Disbursement
health insurance

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Kate Sullivan

Transaction ID: SB17.51991
Date of Disbursement

Mailing Address 2636 Prairie Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	8

City State Zip Code
Evanston IL 60201

Amount of Each Disbursement this Period

1151.62

Purpose of Disbursement
salary

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2101.48

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Eric Taubel

Transaction ID: SB17.51821
Date of Disbursement

Mailing Address 1152 Piedmont Pl.

/ /

City Gainesville State GA Zip Code 30501

Amount of Each Disbursement this Period

Purpose of Disbursement reimbursements - SEE BELOW

Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District: 03

B.

Full Name (Last, First, Middle Initial)
Office Max

Transaction ID: SB17.51821.0
Date of Disbursement

Mailing Address 2700 Ingersoll Ave

/ /

City Des Moines State IA Zip Code 50312

Amount of Each Disbursement this Period

Purpose of Disbursement office supplies

Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District: 03

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Warren County Farm Bureau

Transaction ID: SB17.51821.1
Date of Disbursement

Mailing Address 200 W. 2nd Ave.

/ /

City Indianola State IA Zip Code 50125

Amount of Each Disbursement this Period

Purpose of Disbursement health insurance

Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District: 03

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Eric Taubel

Transaction ID: SB17.51855
Date of Disbursement

Mailing Address 1152 Piedmont Pl.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City Gainesville State GA Zip Code 30501

Amount of Each Disbursement this Period

972.24

Purpose of Disbursement
salary

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Eric Taubel

Transaction ID: SB17.51887
Date of Disbursement

Mailing Address 1152 Piedmont Pl.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

City Gainesville State GA Zip Code 30501

Amount of Each Disbursement this Period

335.40

Purpose of Disbursement
mileage/cell phone stipend

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Eric Taubel

Transaction ID: SB17.51937
Date of Disbursement

Mailing Address 1152 Piedmont Pl.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City Gainesville State GA Zip Code 30501

Amount of Each Disbursement this Period

972.24

Purpose of Disbursement
salary

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2279.88

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Valerie Thacker</p> <p>Mailing Address 8014 Sharon Dr.</p> <p>City Urbandale State IA Zip Code 50322</p> <p>Purpose of Disbursement consulting:report preparation</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51878</p> <p>Date of Disbursement MM / DD / YYYY 04 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 950.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Dustin Tomlinson</p> <p>Mailing Address 3511 Park Ave.</p> <p>City Des Moines State IA Zip Code 50321</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51909</p> <p>Date of Disbursement MM / DD / YYYY 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 519.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Dustin Tomlinson</p> <p>Mailing Address 3511 Park Ave.</p> <p>City Des Moines State IA Zip Code 50321</p> <p>Purpose of Disbursement mileage</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51970</p> <p>Date of Disbursement MM / DD / YYYY 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 17.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1486.64

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Dustin Tomlinson</p> <p>Mailing Address 3511 Park Ave.</p> <p>City Des Moines State IA Zip Code 50321</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51994</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 382.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Ted Tran</p> <p>Mailing Address 2917 Grand Ave. No. 201</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of Disbursement reimbursements - SEE BELOW</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51872</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 69.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) US Postmaster</p> <p>Mailing Address 1165 Second Ave.</p> <p>City Des Moines State IA Zip Code 50301</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51872.0</p> <p>Date of Disbursement 03 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 11.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

451.36

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 1165 Second Ave.

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51872.1
Date of Disbursement

03 / 21 / 2008

Amount of Each Disbursement this Period

1.99

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 1165 Second Ave.

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51872.3
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

1.99

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 2700 Ingersoll Ave

City Des Moines State IA Zip Code 50312

Purpose of Disbursement
postage

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.51872.4
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

19.06

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: SB17.51872.5 Date of Disbursement 04 / 08 / 2008
	Mailing Address 1751 Hull St.	Amount of Each Disbursement this Period 11.25
	City Des Moines State IA Zip Code 50313	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.51872.6 Date of Disbursement 04 / 08 / 2008
	Mailing Address 1165 Second Ave.	Amount of Each Disbursement this Period 4.60
	City Des Moines State IA Zip Code 50301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	<input type="checkbox"/> [MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ted Tran	Transaction ID: SB17.51932 Date of Disbursement 04 / 30 / 2008
	Mailing Address 2917 Grand Ave. No. 201	Amount of Each Disbursement this Period 866.17
	City Des Moines State IA Zip Code 50312	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	866.17
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A. Full Name (Last, First, Middle Initial) Verizon Conferencing</p> <p>Mailing Address 500 Second Ave SE 8th Floor</p> <p>City Cedar Rapids State IA Zip Code 52401</p> <p>Purpose of Disbursement telephone 001</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: SB17.51807</p> <p>Date of Disbursement 04 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1253.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Verizon Conferencing</p> <p>Mailing Address 500 Second Ave SE 8th Floor</p> <p>City Cedar Rapids State IA Zip Code 52401</p> <p>Purpose of Disbursement telephone 001</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: SB17.51931</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 666.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Erin Walkowiak</p> <p>Mailing Address 5202 Twana Dr.</p> <p>City Des Moines State IA Zip Code 50310</p> <p>Purpose of Disbursement salary 001</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: SB17.51848</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 188.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2109.12

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
Erin Walkowiak

Transaction ID: SB17.51907
Date of Disbursement

Mailing Address 5202 Twana Dr.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	8

City State Zip Code
Des Moines IA 50310

Amount of Each Disbursement this Period

382.18

Purpose of Disbursement
salary

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Erin Walkowiak

Transaction ID: SB17.51968
Date of Disbursement

Mailing Address 5202 Twana Dr.

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	0	8

City State Zip Code
Des Moines IA 50310

Amount of Each Disbursement this Period

33.44

Purpose of Disbursement
mileage

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Erin Walkowiak

Transaction ID: SB17.51981
Date of Disbursement

Mailing Address 5202 Twana Dr.

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

City State Zip Code
Des Moines IA 50310

Amount of Each Disbursement this Period

61.60

Purpose of Disbursement
mileage

001
Category/
Type

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

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

477.22

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Erin Walkowiak</p> <p>Mailing Address 5202 Twana Dr.</p> <p>City Des Moines State IA Zip Code 50310</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51992</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 382.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) JoDee Winterhoff</p> <p>Mailing Address 110 10th St. #307</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement consulting: campaign strategy</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51845</p> <p>Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) JoDee Winterhoff</p> <p>Mailing Address 110 10th St. #307</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement consulting: campaign strategy</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.51989</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10382.18

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Grant Woodard Mailing Address 718 18th St. Apt. 10 City Des Moines State IA Zip Code 50314 Purpose of Disbursement mileage/convention set up Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51815 Date of Disbursement 04 / 06 / 2008 Amount of Each Disbursement this Period 222.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Grant Woodard Mailing Address 718 18th St. Apt. 10 City Des Moines State IA Zip Code 50314 Purpose of Disbursement reimbursements - SEE BELOW Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51830 Date of Disbursement 04 / 09 / 2008 Amount of Each Disbursement this Period 421.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Wellmark BC/BS Mailing Address 636 Grand Ave City Des Moines State IA Zip Code 50309 Purpose of Disbursement health insurance Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51830.0 Date of Disbursement 04 / 08 / 2008 Amount of Each Disbursement this Period 421.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

644.12

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.	Full Name (Last, First, Middle Initial) Grant Woodard Mailing Address 718 18th St. Apt. 10 City Des Moines State IA Zip Code 50314 Purpose of Disbursement salary Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51851 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 1468.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Grant Woodard Mailing Address 718 18th St. Apt. 10 City Des Moines State IA Zip Code 50314 Purpose of Disbursement mileage/cell stipend Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51895 Date of Disbursement 04 / 25 / 2008 Amount of Each Disbursement this Period 258.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Grant Woodard Mailing Address 718 18th St. Apt. 10 City Des Moines State IA Zip Code 50314 Purpose of Disbursement salary Candidate Name Boswell for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.51933 Date of Disbursement 04 / 30 / 2008 Amount of Each Disbursement this Period 1468.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3195.29

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

310184.31

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boswell for Congress

A.

Full Name (Last, First, Middle Initial)
United Parcel Service Inc PAC

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
refund

Candidate Name
Boswell for Congress

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20B.52320

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 142 / 143
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Boswell for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leonard L. Boswell	Nature of Debt (Purpose): unreimbursed expenses - 08 cycle to date					
Mailing Address 4323 Grand Ave.						
<table border="0"> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td>Des Moines</td> <td>IA</td> <td>50312</td> </tr> </table>		City	State	ZIP Code	Des Moines	IA
City	State	ZIP Code				
Des Moines	IA	50312				

Outstanding Balance Beginning This Period		Transaction ID: SD10.54303	
1012.54			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
45.73	0.00	1058.27	

1) SUBTOTALS This Period This Page (optional).....	1058.27
2) TOTALS This Period (last page this line number only).....	1058.27
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1058.27

Image# 28934431008

Form/Schedule: **SA11AI**
Transaction ID: **SA11AI.52677**

This contribution is equally divided among 29 partners. The individual amount is \$51.72 . None of the partners meet the itemization threshold.

Form/Schedule: **SA11D**
Transaction ID: **SA11D.54331**

Total of expense incurred by Congressman Boswell during this reporting period but not paid as of the close of the period. Represents payments to two vendors, neither of which are itemizable.
