

281-3701

ATTN: Sue Jethics + Campaign
FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
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For Office Use Only

Comm. # 21173

Indexed SW

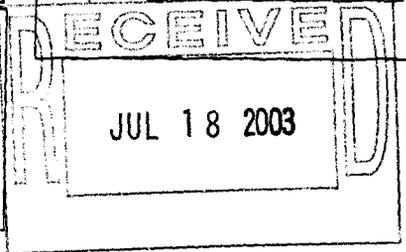
Audited _____

Computer _____

COMMITTEE NAME (Must be same as on Statement of Organization)
Proactive 4 Children

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates



CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Office Sought	District (if Senate or House)

Lusi B. Waddell
SIGNATURE OF TREASURER (or person filling this report)

523-1158
TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION //(2) NON-ELECTION YEAR.
(report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>6-3-03</u>
County & Local Committees, enter County in which Election is held <u>Dallas</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2910.00

Schedule F: Loans Received total (Attach Schedule F)..... 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 2910⁰⁰

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 2411.90

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 498.10

*UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 65⁰⁰

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
PAWSitive 4 Children

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
5-5-03	ID# CK#	Warren Varkley 1396 Riverside Stuart IA 50250		\$ 200.00
5-7	ID# CK#	Jim Belden 223 N CENTENNIAL Stuart IA 50250		100.00
5-7	ID# CK#	TOWN + COUNTRY INS 116 NE 2nd Stuart IA 50250		200.00
5-8	ID# CK#	Terri Findley 3371 340th St Stuart IA 50250		100.00
5-8	ID# CK#	Cary Gilman 1279 Sheldon Ave Stuart IA 50250		150.00
5-8	ID# CK#	MICK ASKREN 902 N MAIN Stuart IA 50250		100.00
5-8	ID# CK#	Care o Lot Daycare Vickie Clayton		20.00
5-8	ID# CK#	Steve Ellis 2879 350th Rd Stuart IA 50250		100.00
5-8	ID# CK#	Leo Pieper 3325 325th St Stuart IA 50250		100.00
5-12	ID# CK#	Cary Gilman 1279 Sheldon Ave Stuart IA 50250		20.00
SUB-TOTAL				\$ 1090.00
TOTAL (if last page of this schedule)				\$

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(Rev. 07/03)

RECEIPTS

003

 CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Positive 4 Children

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5-12	ID# CK#	Stuart Vet Clinic 827 E Front Stuart IA 50250		\$ 200.00	<input type="checkbox"/>
5-12	ID# CK#	ANN FELTNER 6004 N Harrison St Stuart IA 50250		20.00	<input type="checkbox"/>
5-13	ID# CK#	Lyle Peaslee 411 N Western Stuart IA 50250		50.00	<input type="checkbox"/>
5-13	ID# CK#	LIBA R. WADDELL 415 N GAINES Stuart IA 50250		500.00	<input type="checkbox"/>
5-15	ID# CK#	Wally Waddell Box 282 Stuart IA 50250		100.00	<input type="checkbox"/>
5-15	ID# CK#	Eric Tieman 407 NW 2nd St Stuart IA 50250		100.00	<input type="checkbox"/>
5-21	ID# CK#	Gene Martin		100.00	<input type="checkbox"/>
5-21	ID# CK#	Diane Belden 223 N Centennial Stuart IA 50250		100.00	<input type="checkbox"/>
5-21	ID# CK#	Risk Management PO Box 4719 Des Moines IA 50306		100.00	<input type="checkbox"/>
5-23	ID# CK#	Sheryl McAtee 424 N GAINES Stuart IA 50250		40.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1310 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 3
(for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

A (Rev. 07/03)	MONETARY RECEIPTS	2001
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

Positive 4 Children

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6-3-03	ID# CK#	Stuart Chamber of Commerce Stuart IA 50250		\$ 500.00	<input type="checkbox"/>
7-12-03	ID# CK#	Joan Gayle Glenn 303 S Adair Stuart IA 50250		\$ 10.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 510.⁰⁰
 \$ 2910.⁰⁰

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Pawsitive 4 Children

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
5-13-02	ID# CK#	MICK ASKREN 907 N MAIN Stuart IA 50250	Signs Reimburse ^{ment} (1)	\$ 925.00
5-16-02	ID# CK#	MICK ASKREN 907 N MAIN Stuart IA 50250	Printing Reimburse ^{ment} ()	715.00
6-10-03	ID# CK#	MICK ASKREN 907 N MAIN Stuart IA 50250	Supplies Reimburse ^{ment} ()	101.79
7-11	ID# CK#	KRRF Radio 204 S Divisional Stuart IA 50250	Advertisement ()	400.00
7-11	ID# CK#	West Central Valley Voice PO Box 27 Dexter IA 50576	Advertisement ()	140.00
7-11	ID# CK#	New Century Press Stuart Herald PO Box 608 Stuart IA 50250	()	130.11
	ID# CK#		()	
SUB-TOTAL				\$ 2411.90
TOTAL (if last page of this schedule)				\$ 2411.90

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:

- (1) campaign purposes,
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Positive 4 Children

SCHEDULE

E

(Rev. 06/97)

IN KIND CONTRIBUTIONS

CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-2-03	LISA R. WADDELL 415 N GAINES STUART IA 50250		PRINTING at KINKO'S	\$ Est. 65.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 65.00
 TOTAL (if last page of this schedule) \$ 65.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.