

Franklin

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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 03/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	21148
Logged in	SW
Scanned	7.1.03
Computer	pb
Audited	pb

COMMITTEE NAME (Must be same as on Statement of Organization)
Yes! for H-D Students

IMPORTANT: Indicate type of committee you are reporting for: JUN 30 2003

(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) _____

Ronald L. Pary
SIGNATURE OF TREASURER (or person filing this report)

641-486-2559
TELEPHONE

6/28/03
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ 1st of Month after election _____ 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 6/24/03
County & Local Committees, enter County in which Election is held Franklin County

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.)	\$ 895.21 ✓
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,545.00 ✓
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL \$	2,545.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	3,023.68 ✓
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 416.53 ✓
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 1,925.72 ✓
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
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



SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Yes! for H-D Students

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
6/16/03	ID# CK#	Tom & Jane Pitts Box 421 Hampton, IA 50441		\$ 20.00	<input type="checkbox"/>
6/16/03	ID# CK#	BSA Auto Sales 1014 Fourth Street Hampton, IA 50441		25.00	<input type="checkbox"/>
6/16/03	ID# CK#	Roger Doughan 901 1st Ave SE Hampton, IA 50441		75.00	<input type="checkbox"/>
6/16/03	ID# CK#	LeAnn Strother 1002 N. Federal St. Hampton, IA 50441		40.00	<input type="checkbox"/>
6/16/03	ID# CK#	Jeff Jaacks, LPA 3 1st St. SW Hampton, IA 50441		50.00	<input type="checkbox"/>
6/16/03	ID# CK#	ABCM PO Box 436 Hampton, IA 50441		100.00	<input type="checkbox"/>
6/18/03	ID# CK#	Craig Donnelly 217 1st Ave SE Hampton, IA 50441		200.00	<input type="checkbox"/>
6/18/03	ID# CK#	Kris Shafrath 715 6th St. SW Hampton, IA 50441		20.00	<input type="checkbox"/>
6/18/03	ID# CK#	Staley Enterprises 912 Central Ave W Hampton, IA 50441		50.00	<input type="checkbox"/>
6/18/03	ID# CK#	Lee Morrison 18 3rd Street NE Hampton, IA 50441		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 680.00
\$

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.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Yes! for H-D Students

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.

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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
6/18/03	ID# CK#	Dave Hannah 1820 Hwy 3 Hampton, IA 50441		\$ 100.00	<input type="checkbox"/>
6/18/03	ID# CK#	Charles Brown 1861 Hwy3 Hampton, IA 50441		250.00	<input type="checkbox"/>
6/18/03	ID# CK#	Murphy Plumbing 406 Central Ave Hampton, IA 50441		100.00	<input type="checkbox"/>
6/18/03	ID# CK#	Allan Menning 1140 160th St Hampton, IA 50441		75.00	<input type="checkbox"/>
6/18/03	ID# CK#	Denny Edwards PO Box 497 Hampton, IA 50441		100.00	<input type="checkbox"/>
6/18/03	ID# CK#	Kristi Wragge 202 8th St SE Hampton, IA 50441		50.00	<input type="checkbox"/>
6/18/03	ID# CK#	Marsha Heilskov 1618 Olive Ave Hampton, IA 50441		100.00	<input type="checkbox"/>
6/18/03	ID# CK#	Craig Semler, DDS PO Box 89 Hampton, IA 50441		100.00	<input type="checkbox"/>
6/18/03	ID# CK#	Hampton Health Care Center 700 2nd Street SE Hampton, IA 50441		100.00	<input type="checkbox"/>
6/18/03	ID# CK#	Long Term Medical Supply PO Box 514 Hampton, IA 50441		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,075.00

TOTAL (if last page of this schedule)

\$

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Yes! for H-D Students

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
6/20/03	ID# CK#	Hampton Heating 7 2nd Ave. NE Hampton, IA 50441		\$ 100.00	<input type="checkbox"/>
6/20/03	ID# CK#	Jay Hickman 221 1st St NE Hampton, IA 50441		25.00	<input type="checkbox"/>
6/20/03	ID# CK#	Hampton Travel Planner 420 4th St NE Hampton, IA 50441		25.00	<input type="checkbox"/>
6/20/03	ID# CK#	Harry Birdsell 1437 Beeds Lake Dr Hampton, IA 50441		100.00	<input type="checkbox"/>
6/20/03	ID# CK#	Dave Wempen 302 16th Ave NE Hampton, IA 50441		100.00	<input type="checkbox"/>
6/20/03	ID# CK#	Dick Nervig 1518 3rd St NE Hampton, IA 50441		100.00	<input type="checkbox"/>
6/20/03	ID# CK#	Alan Moritz 1280 Imperial Road, Suite B Hampton, IA 50441		25.00	<input type="checkbox"/>
6/20/03	ID# CK#	John Coonley 121 1st Ave NW Hampton, IA 50441		100.00	<input type="checkbox"/>
6/26/03	ID# CK#	Debbie Silver 1468 Timber Ave Hampton, IA 50441		20.00	<input type="checkbox"/>
6/26/03	ID# CK#	Dan Johnson 1406 3rd Ave Hampton, IA 50441		75.00	<input type="checkbox"/>

SUB-TOTAL

\$ 670.00 ✓

TOTAL (if last page of this schedule)

\$ _____

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Yes! for H-D Students

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
6/26/03	ID# CK#	Gary Bogenrief 21 6th St SE Hampton, IA 50441		\$ 100.00	<input type="checkbox"/>
6/16/03	ID# CK#	Scott Sackville Hampton, IA 50441		20.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 120.00 ✓

TOTAL (if last page of this schedule) \$ 2,545.00 ✓

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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.

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

Yes! for H-D Students

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/18/03	ID# CK#	Scott Sackville Hampton, IA 50441	Re-imburse for Envelopes purchased	\$ 19.14
6/17/03	ID# CK#	Franklin County Lumber Hampton, IA 50441	Lathe for signs	9.54
6/17/03	ID# CK#	Victory Enterprises 5200 SW 30th St. Davenport, IA 52802	Consulting Fee	2,500.00
6/19/03	ID# CK#	KLMJ Radio Hampton, IA 50441	Radio Ads	495.00
	ID# CK#			
SUB-TOTAL				\$ 3,023.68
TOTAL (if last page of this schedule)				\$ 3,023.68 /

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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)

Yes! for H-D Students

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

ESTIMATED

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
6/9/03	Hampton Publishing Hampton, LA 50441	Print window signs	\$ 136.50
6/9/03	Victory Enterprises 5200 SW 30th St. Davenport, IA 52802	Voter ID Polling	1,129.28
6/18/03	Hampton Publishing	Ad	235.20
6/19/03	EZ Print Hampton, IA 50441	Postcards	58.30
6/19/03	Hampton State Bank Hampton, IA 50441	Re-imburse for postage	146.89
6/23/03	Victory Enterprises	Mailing piece	69.55
6/25/03	Victory Enterprises	Production of radio ad	150.00
SUB-TOTAL			\$ 1,925.72
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,925.72

*If actual figure is unknown, show "estimated" beside the figure.

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(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.