

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 03/2003) DISCLOSURE REPORT For Office Use Only Comm. # SW 21154

COMMITTEE NAME (Must be same as on Statement of Organization) YES for AHS IMPORTANT: Indicate type of committee you are reporting for: 6

IAEW SIGN BOARD MAY 6 2003

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE 515-663-1111

DATE SIGNED 6-5-03

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 following election REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

Indicate one 2

CHECK IF AMENDMENT TO REPORT DATED

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.

Local Committees, enter Date of Election 4-22-03 County & Local Committees, enter County in which Election is held Story

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$1,366.50), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 125.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$1,491.50), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 1,491.50, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (\$404.01), \*\*UNPAID BILLS (\$0.00), \*\*IN KIND CONTRIBUTIONS (\$28.49), \*\*OUTSTANDING LOANS (\$0.00), CANDIDATE COMMITTEES ONLY, CONSULTANT BREAKDOWN, VALUE OF CAMPAIGN PROPERTY.

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SCHEDULE <b>A</b> (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 AHS**

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
4-16-03	ID# CK#	Sue Cronin 1906 Stevenson Dr. Ames, IA		\$ 25.00	<input type="checkbox"/>
4-16-03	ID# CK#	Marilyn Mochlmann 1810 Bel Air Drive Ames, IA		25.00	<input type="checkbox"/>
4-16-03	ID# CK#	Richard Johnson 3412 Jewell Dr. Ames, IA		25.00	<input type="checkbox"/>
4-17-03	ID# CK#	Richard Zbavacki 1315 Big Blue Stem Ct A3 Ames, IA		50.00	<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"/>
SUB-TOTAL				\$ 125.00	
TOTAL (if last page of this schedule)				\$ 125.00	

\* 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.

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

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*  
 YES for AHS

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
4-16-03	ID# CK# 3	Postmaster Ames, IA	Postage for mailing 1100 postcards	\$ 253.00
4-21-03	ID# CK# 4	Sigler Printing & Publishing 413 Northwestern Ames, Ia	Newspaper ad design	243.80
4-17-03	ID# CK#	R.J. Smalling 2308 Van Buren Ames, IA	Refund from postage	-19.55
4-23-03	ID# CK# 5	Story County Development Center 2012 E. 13th Street Ames, IA	Affixed labels and mailed post cards	30.64
5-1-03	ID# CK# 6	Ames Tribune 317 Fifth Street Ames, IA	Newspaper ad	579.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 1,087.49</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 1,087.49</b>

**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).)

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COMMITTEE NAME (Must be same as on Statement of Organization)  
**YES for AHS**

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SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
4-16-03	John Timmons 2108 Greeley St. Ames, IA		Postage	\$ 28.49	<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				\$ 28.49	
TOTAL (if last page of this schedule)				\$ 28.49	

\*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.