

**DISCLOSURE SUMMARY PAGE**

JUN 8 2001

<b>FORM DR-2</b> (Rev. 01/98)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1313
Indexed	2
Audited	6-11-01
Computer	9

**COMMITTEE NAME** (Must be same as on Statement of Organization) JONES FOR STATE HOUSE *p.m.66*

**IMPORTANT:** Indicate type of committee you are reporting for:  4

( 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 State of Candidates

*[Signature]* 712-527-4253 6/6/01

SIGNATURE OF TREASURER (or person filing this report) 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 JUN 8, 2001 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
 (report date) Indicate one  1

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  
6/12/01  
 County & Local Committees, enter County in which Election is held  
DISTRICT 85 POTT. MILLS FREMONT

**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.) .....\$ None

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) .....\$ 3525.00

Schedule F: Loans Received total (Attach Schedule F) .....\$ 225.00

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

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL.....\$** 3750.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) .....\$ 2927.38

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

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....\$ 822.62

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

**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....\$ \_\_\_\_\_

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....\$ 225.00

**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 <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)

JONES FOR STATEHOUSE

**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
5/25/01	ID# CK# 3185	DON SCHOENING 24487 Barrus Rd Glenwood IA. 51534		\$100 <sup>00</sup>	
5/26/01	ID# CK# 6402	Don + Wanda Clarke 28479 DOBNEY RD SILVER CITY IA 51571-3092		\$100 <sup>00</sup>	
✓ 5/24/01	ID# 6096 CK# 1401	Manufactured Housing PAC 1400 Dean Ave. Des Moines Ia 50316-3938		250 <sup>00</sup>	
✓ 5/24/01	ID# 6004 CK# 3774	Associated General Contractors of Iowa PAC P.O. Box 757 Des Moines Ia 50303		1000 <sup>00</sup>	
5/25/01	ID# CK# 7130	LOUIS + ELLEN KISHKUNAS 308 N. WALNUT ST GLENWOOD IA. 51534		50 <sup>00</sup>	
✓ 5/24/01	ID# 6101 CK# 2107	Motor Carriers PAC P.O. Box 6121 EAST Des Moines IA 50309		500 <sup>00</sup>	
✓ 5/25/01	ID# 6056 CK# 2493	Bankers Unite in Legislative Decisions. 418 6th Ave. Suite 430 Des Moines Ia. 51439-7433		250 <sup>00</sup>	
5/25/01	ID# CK# 1614	Clarence + Lynn Hoffman Chertok Oak Ia 51439-7433		100 <sup>00</sup>	
✓ 5/25/01	ID# 6107 CK# <del>2109</del> 3215	Qwest IPAC 925 HIGHST 959 Des Moines Ia 50309		100 <sup>00</sup>	
✓ 5/25/01	ID# 6064 CK#	Friends of Rural Electrification 8525 Douglas Av Suite 48 Des Moines Ia. 50322		150 <sup>00</sup>	
SUB-TOTAL				\$ 2600 <sup>00</sup>	
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

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)  
 JONES FOR STATEHOUSE

**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
5/26/01	ID# CK# 1517	Charles + Renae GIDD 1517 185th ST DECORAH IA 520017661		\$ 50 <sup>00</sup>	
6/1/01	ID# CK#	DON BRANTZ 23820 BROTHERS AV Glenwood IA 51534		25 <sup>00</sup>	
✓ 6/2/01	ID# 6069 CK#	Iowa Industry PAC 904 Walnut ST Des Moines Ia 50309-3563		250 <sup>00</sup>	
✓ 6/2/01	ID# 6073 CK#	Iowa Medical PAC 1001 Grand Av. W. Des Moines 50265		250 <sup>00</sup>	
6/2/01	ID# CK#	Annex + Betty Grundberg 224 FOSTER DR Des Moines Ia 50312		200 <sup>00</sup>	
✓ 6/5/01	ID# <del>6118</del> CK# 1695	Iowa Optometric Assoc. PAC 1454 W 30th St Suite 204 W. Des Moines Ia 50266		100 <sup>00</sup>	
6/5/01	ID# CK# 3361	La Vern Schreider 3208 S.W. 34th ST Des Moines 50321		50 <sup>00</sup>	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 925<sup>00</sup>

TOTAL (if last page of this schedule)

\$ 3525<sup>00</sup>

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SCHEDULE <b>F</b> (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**JONES FOR STATEHOUSE**

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ N.A.

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**  
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
5/27/01	Janet M. JONES	WIFE	\$ 25 <sup>00</sup>
5/27/01	Janet M JONES	WIFE	200 <sup>00</sup>

TOTAL (PART I) \$ 225<sup>00</sup>

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 225.00

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

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

JONES FOR STATE HOUSE

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
5/29/01	ID# CK# A	Glenwood Opinion Trib. 116 S. WALNUT ST Glenwood Ia 51534	Advertising	\$ 158 <sup>01</sup>
5/29/01	ID# CK# B	Malvern Leader 301 Main ST. Malvern Ia 51551	Advertising	182 <sup>00</sup>
5/29/01	ID# CK# C	Sidney Argus Herald. 614 Main ST Sidney Ia 51652	Advertising	115 <sup>44</sup>
5/31/01	ID# CK# D	KMA 209 N Elm. ST. Shenandoah Ia. 51601	Radio Advertising	\$1952 <sup>00</sup>
6/1/01	ID# CK# E	Glenwood Opinion Trib. 116 S. Walnut St Glenwood Ia 51534	Advertising	87 <sup>81</sup>
6/1/01	ID# CK# F	Glenwood Technology Ctr 430 1 <sup>st</sup> St Glenwood Ia 51534	Signs, Brochures.	405 <sup>30</sup>
6/4/01	ID# CK# G	Sidney Argus Herald 614 Main St. Sidney Ia 51601	Advertising	26 <sup>76</sup>
	ID# CK#			

SUB-TOTAL \$ 2927.38

TOTAL (if last page of this schedule) \$ 2927.38

**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).)