

FOR INSTRUCTIONS, SEE BACK OF FOI

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1199
Indexed	SW
Audited	1-3-03
Computer	WRS

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

IMPORTANT: Indicate type of committee you are reporting for: 1

(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

CANDIDATE COMMITTEES ONLY:

Candidate Name Steve Kettering	Political Party Republican
Office Sought State Senate	District (if Senate or House) 26

ETHICS & CAMPAIGN DISCLOSURE BOARD
 PM 12-27
 DEC 30 2002
 FILED 12/29/02
 DATE SIGNED

Walter J. ...
 SIGNATURE OF TREASURER (or person filing this report)

772-662-7317
 TELEPHONE

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 12/31/02 (activity thru 12/26/02) REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 2

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 _____

County & Local Committees, enter County in which Election is held _____

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.)	\$	7,839.03
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		19,675.00
Schedule F: Loans Received total (Attach Schedule F)		.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		.00
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	27,514.03
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		6,564.28
Schedule F: Loan Repayments total (Attach Schedule F)		.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	20,949.75

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	900.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	10,700.00

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

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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)
KETTERING CAMPAIGN

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
11/08/02	ID# CK# 149	William R. Lanphere 509 Gran Storm Lake, IA 50588		\$ 50.00	<input type="checkbox"/>
11/08/02	ID# CK# 1742	Clarence C. Hoffman Charter Oak, IA 51439-7433		\$300.00	<input type="checkbox"/>
11/23/02	ID# CK# 2971	David J. Johnson P.O. Box 279 Ocheyedan, IA 51354		\$100.00	<input type="checkbox"/>
11/27/02	ID# CK# 1172	Dr. John V. Hartung 1011 Scott Felton RD Indianola, IA 50125		\$100.00	<input type="checkbox"/>
✓ 11/27/02	ID# 6063 CK# 1625	Iowa Dental Association Political Action Committee 505 5th Ave, Ste. 333, Des Moines 50309		\$300.00	<input type="checkbox"/>
✓ 12/03/02	ID# 6064 CK# 1793	Iowa F.O.R.E. Friends of Rural Electrification 8525 Douglas Ave, Suite 48, Des Moines		\$400.00	<input type="checkbox"/>
✓ 12/03/02	ID# 6351 CK# 1112	Petroleum Marketers of Iowa 1303 50th West Des Moines, IA 50266		\$250.00	<input type="checkbox"/>
12/04/02	ID# CK# 2435	Julie A. Smith 3917 Hillcrest Drive Des Moines, IA 50310-4334		\$250.00	<input type="checkbox"/>
✓ 12/06/02	ID# 6107 CK# 3335	QWest IPAC #6107 925 High St., 9S9 Des Moines, IA 50309		\$500.00	<input type="checkbox"/>
12/06/02	ID# CK# 8604	Lawrence Pope 4316 Grand Ave., Unit 11 Des Moines, IA 50312		\$250.00	<input type="checkbox"/>
SUB-TOTAL				\$2500.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
KETTERING CAMPAIGN

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
12/06/02	ID# CK# 7663	Margaret A. White 634 McCoy Dr. Carroll, IA 51401		\$ 50.00	<input type="checkbox"/>
12/06/02	ID# CK# 6522	Frederick V. Moore 1700 Shoreway RD Storm Lake, IA 50588		100.00	<input type="checkbox"/>
12/06/02	ID# CK# 3824	Mark Hanson 4120 College Des Moines, IA 50311-2546		100.00	<input type="checkbox"/>
12/06/02	ID# CK# 1216	Donna Barry 2154 Redwood Ave Woodbine, IA 51579		50.00	<input type="checkbox"/>
12/07/02	ID# CK# 3446	Dixie Larson Box 756 Lake View, IA 51450		50.00	<input type="checkbox"/>
12/07/02	ID# CK# 6810	John Andrew Meredith 2821 300th Street Lake View, IA 51450		25.00	<input type="checkbox"/>
12/10/02	ID# CK# 6295	James B. Wilson 508 N Court Street, PO Box 546 Carroll, IA 51401		250.00	<input type="checkbox"/>
✓ 12/10/02	ID# 6052 CK# 2645	Independent Insurance Agents of IA 400 Westown Pky., Ste. 200 West Des Moines, IA 50265		500.00	<input type="checkbox"/>
✓ 12/12/02	ID# 6116 CK# 1171	Political Action-Iowa Dealers P.O.Box 65840 West Des Moines, IA 50265		100.00	<input type="checkbox"/>
12/12/02	ID# CK# 5365	Richard Randall PO Box 145 Dunlap, IA 51529-0145		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1325.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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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)
KETTERING CAMPAIGN

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
12/13/02	ID# CK# 5931	Karen VanMeveren 208 Lake Street, PO Box 77 Lake View, IA 51450		\$ 50.00	<input type="checkbox"/>
✓ 12/16/02	ID# 6062 CK# 1402	Iowa Certified Public Accountants 950 Office Park Road, Suite 300 West Des Moines, IA 50265-2548		250.00	<input type="checkbox"/>
12/17/02	ID# CK# 8527	Lori Blessington PO Box 531 Lake View, IA 51450		100.00	<input type="checkbox"/>
12/17/02	ID# CK# 5388	Roger Kanne PO Box 729 Carroll, IA 51401		100.00	<input type="checkbox"/>
12/17/02	ID# CK# 2121	Rollin Tiefenthaler 10139 Hwy 71 Carroll, IA 51401		100.00	<input type="checkbox"/>
✓ 12/17/02	ID# 6004 CK# 4009	Associated General Contractors of Iowa PAC - 701 E. Court Avenue Des Moines, IA 50309-4901		2000.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6160 CK# 2086	Iowa Independent Bankers 1603 22nd Street - Suite 202 West Des Moines, IA 50266		2000.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6056 CK# 3126	Bankers Unite in Legislative Decisions 8800 NW 62nd Avenue Johnston, IA 50131-6200		2000.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6155 CK# 004104	Taxpayers United PO Box 209 Muscatine, IA 52761-0069		1000.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6096 CK# 1673	Manufactured Housing PAC #6096 1400 Dean Ave Des Moines, IA 50316-3938		500.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 8100.00	
TOTAL (if last page of this schedule)				\$	

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Reset 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)
Kettering Campaign

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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
✓ 12/17/02	ID# 6082 CK# 858	Midamerican Energy Co. EGC #6082 666 Grand Ave - Box 657 Des Moines, IA 50303-0657		\$ 500.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6486 CK# 1315	Iowa Telecom PAC #6486 115 S 2nd Ave W Newton, IA 50208		300.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6250 CK# 2177	Iowa Cable PAC PO Box 41457 Des Moines, IA 50311		250.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 8251 CK# 1048	PrinPac 711 High Street Des Moines, IA 50392		250.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6059 CK# 2330	Iowa Committee of Automotive Retailers 1111 Office Park Rd. West Des Moines, IA 50265		250.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6069 CK# 2024	Iowa Industry PAC 6069 904 Walnut Suite 100 Des Moines, IA 50309-3503		250.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6498 CK# 1185	WellPac 636 Grand Avenue - Station 13 Des Moines, IA 50309		250.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6001 CK# 2199	Allied Group, Inc 701 - 5th Ave Des Moines, IA 50391-2000		200.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6034 CK# 1496	Engineers Political Action Committee 1000 Walnut St #102 Des Moines, IA 50309-3433		200.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6433 CK# 294	Alliant Energy IA/MN GAC 4902 N Biltmore Lane - Box 77007 Madison, WI 53703		200.00	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 2650.00
TOTAL (if last page of this schedule) \$

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

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

SCHEDULE A (Rev. 06/07)	MONEY RECEIPTS
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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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
✓ 12/17/02	ID# 6070 CK# 2892	Iowa Lawpac 521 East Locust St., Fl 3rd Des Moines, IA 50309-1939		\$ 150.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6067 CK# 2918	Iowa Health PAC #6067 6750 Westown Parkway #100 West Des Moines, IA 50266		150.00	<input checked="" type="checkbox"/>
12/17/02	ID# CK# 11441	James W. Carney-Attorney 400 Homestead Bldg., 303 Locust St. Des Moines, IA 50309		100.00	<input checked="" type="checkbox"/>
12/17/02	ID# CK# 7449	Stephen W. Roberts 666 Walnut Street, Suite 2500 Des Moines, IA 50309-3993		100.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# CK# 5111	Hultman Company 1200 - 57th Street West Des Moines, IA 50266		100.00	<input checked="" type="checkbox"/>
✓ 12/17/02	ID# 6033 CK# 1833	EMC Co. PAC for Responsible State Gov. 717 Mulberry Street Des Moines, IA 50309		50.00	<input checked="" type="checkbox"/>
✓ 12/19/02	ID# 6291 CK# 2223	IA Hospital Association PAC 100 E. Grand - Suite 100 Des Moines, IA 50309		500.00	<input type="checkbox"/>
12/19/02	ID# CK# 1439	Greg Miner 812 Main Street Sac City, IA 50583		50.00	<input type="checkbox"/>
12/21/02	ID# CK# 2384	Gary LaLone 163 South Cove Storm Lake, IA 50588		250.00	<input type="checkbox"/>
12/21/02	ID# CK# 4310	Larry E. McKibben 1703 Robertson Drive Marshalltown, IA 50158-3847		100.00	<input type="checkbox"/>
SUB-TOTAL				\$1550.00	
TOTAL (if last page of this schedule)				\$	

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

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

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

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
12/21/02	ID# CK# 8841	Hubert Hagemann 18842 Noble Ave Carroll, IA 51450		\$ 25.00	<input type="checkbox"/>
12/21/02	ID# CK# 1063	Virginia Hagemann 18842 Nobel Ave Carroll, IA 51450		25.00	<input type="checkbox"/>
12/21/02	ID# 9655 CK# 1013	ILTA PAC PO Box 206 Eldora, IA 50627		500.00	<input type="checkbox"/>
12/21/02	ID# 6125 CK# 2097	Iowa Realtors PAC 1370 NW 114th St. #100 Clive, IA 50325		1000.00	<input type="checkbox"/>
12/21/02	ID# 6027 CK# 2055	Deere PAC Iowa #6027 666 Grand Ave, Suite 1707 Des Moines, IA 50309-2507		1000.00	<input type="checkbox"/>
12/21/02	ID# 6118 CK# 1904	Iowa Optometric Association 1454 - 30th St. Suite 204 West Des Moines, IA 50266		250.00	<input type="checkbox"/>
12/21/02	ID# 6073 CK# 534	Iowa Medical PAC 1001 Grand Ave West Des Moines, IA 50265		150.00	<input type="checkbox"/>
12/23/02	ID# CK# 408	Mark Ziemann 284 Luana RD. Postville, IA 52162		50.00	<input type="checkbox"/>
12/23/02	ID# CK# 1067	Brian E. Johnson Panora, IA 50216		50.00	<input type="checkbox"/>
12/23/02	ID# 6400 CK# 228	Iowa Hospitality Association 3800 Merle Hay Road, Suite 606 Des Moines, IA 50310		200.00	<input type="checkbox"/>
SUB-TOTAL				\$3250.00	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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

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

SCHEDULE A (Rev. 06/07)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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 60B.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
12/24/02	ID# CK# CASH	Dennis Plain 2699 Shasta Ave Sac City, IA 50583		\$ 100.00	<input type="checkbox"/>
✓ 12/26/02	ID# 6038 CK# 92	Verizon IA Gov't Club 11 Eleventh Ave - Suite 2 Grinnell, IA 50112		200.00	<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				300.00	
TOTAL (if last page of this schedule)				\$19,675.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
KETTERING CAMPAIGN

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
11/19/02	ID# 699 CK# 1000	Stone Printing 108 West 7th Street Carroll, IA 51401	Palm Cards	\$ 654.26
11/21/02	ID# 699 CK# 1001	Silk Screen Ink 512 Geneseo Street Storm Lake, IA 50588	Yard Signs	1078.02
11/26/02	ID# 699 CK# bank debit	Farmers State Bank 401 Main Street Lake View, IA 51450	Check printing cost	14.00
12/12/02	ID# 699 CK# 1002	Silk Screen Ink 512 Geneseo Street Storm Lake, IA 50588	Yard Signs	318.00
12/19/02	ID# 699 CK# 1003	Iowa Newspaper Assoc. 319 East 5th Street Des Moines, IA 50309	Newspaper Advertising	4500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 6,564.28
TOTAL (if last page of this schedule)				\$ 6,564.28

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

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

KETTERING CAMPAIGN

Reset 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
✓ 12/11/02	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Rent	\$ 875.00	<input type="checkbox"/>
✓ 12/17/02	Motor Carriers PAC #6101 PO Box 6121, East D.M.Station Des Moines, IA 50309		Use of IA Motor Truck Assoc. atrium for reception	25.00	<input checked="" 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				\$ 900.00	
TOTAL (if last page of this schedule)				\$ 900.00	

*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.



SCHEDULE F (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)
 KETTERING CAMPAIGN

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 10,700.00

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.)

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

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

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

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E - TOTAL LOANS FORGIVEN \$ _____
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 10,700.00

*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 when it applies.