

# DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 01/98)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1013
Indexed	SW
Audited	4-01-02
Computer	CL

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
CHIODO FOR STATE REPRESENTATIVE

**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 Slate of Candidates

BML  
 SIGNATURE OF TREASURER (or person filing this report)      TELEPHONE      DATE SIGNED 1/17/2002

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

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

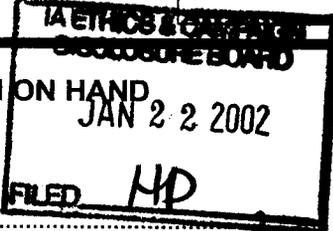
I AM FILING A JANUARY 22 - 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date)      Indicate one  2

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.) S/B 66,701.50

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 16,245.15 ✓  
 Schedule F: Loans Received total (Attach Schedule F) ..... \_\_\_\_\_  
 Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... \_\_\_\_\_

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... \$ 23,015.65

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... S/B 9,266.86 ..... 9,366.70 ✓  
 Schedule F: Loan Repayments total (Attach Schedule F) ..... 250.00 ..... \_\_\_\_\_

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... S/B 13,398.79 ..... \$ 13,398.95

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) ..... \$ 3027.06 ✓

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

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

CH1000 For STATE REPRESENTATIVE

**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
5/21/01	ID# CK# 7795	MIKE McLOY 5928 Beechtree WDM IA 50266		\$ 200 <sup>-</sup>	
✓ 6/26/01	ID# 6163 CK#	IA SOFT DRINK PAC 3100 BDI GRAND Dys Moines, Iowa 50309		150 <sup>-</sup>	
✓ 6/26/01	ID# 6027 CK#	Deere PAC		200 <sup>-</sup>	
✓ 6/26/01	ID# 6069 CK#	11 PAC		100 <sup>-</sup>	
✓ 6/26/01	ID# 6059 CK#	AUTO RETAILERS PAC		250 <sup>-</sup>	
✓ 6/26/01	ID# 6021 CK#	CREDIT UNION PAC		250 <sup>-</sup>	
	ID# CK#				

SUB-TOTAL

\$ 1150

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
**CM1000 for State Representative**

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
6/26/01	ID# 6046 CK#	JUSTICE FOR AL 218 6 <sup>th</sup> AVE DES MOINES, IA		\$ 100 <sup>00</sup>	✓
6/26/01	ID# CK#	DAVID PALMER 213 FLYNN DR AMERY, IA		\$ 50 <sup>00</sup>	
6/26/01	ID# CK#	BRIAN JOHNSON - LOBBYIST 1405 COURT ST ADEL, IA 50003		50 <sup>00</sup>	
6/26/01	ID# 6146 CK#	HOME BUILDERS PAC		250 <sup>00</sup>	
6/26/01	ID# 6404 CK#	IOWA RETAIL PAC 2175 NW 86 <sup>th</sup> ST CLIVE, IA 50325		100 <sup>00</sup>	
6/26/01	ID# 6052 CK#	INDEPENDENT INSURANCE AGENTS 4000 WESTOWN PKWY WDM, IA 50265		100 <sup>00</sup>	
6/26/01	ID# CK#	DR. JOHN HARTUNG 1011 SCOTT FELTON ROAD INDIANOLA, IA 50125		150 <sup>00</sup>	
6/26/01	ID# CK#	R. F. MYERS PO BOX 5608 GRANDVILLE, IA 52241		100 <sup>00</sup>	
6/26/01	ID# CK#	EDWARDS FAILOR 2310 IMPERIAL OAKS DRIVE MUSCATINE, IA 52761		100 <sup>00</sup>	
6/26/01	ID# 6087 CK#	IOWA TELECOM ASSOC 1601 22 <sup>nd</sup> ST WDM, IA 50266		150 <sup>00</sup>	

SUB-TOTAL \$ 1150<sup>00</sup>

TOTAL (if last page of this schedule) \$ 1080<sup>00</sup>

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**CONTRIBUTIONS -- MONEY TAKEN ...**

(Including candidate's personal funds)

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
**CHIDO FOR STATE REPRESENTATIVE**

**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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6/26/01	ID# CK#	William C. Knapp 5000 Westown Pkwy WDM. IA 50266		\$ 500 <sup>00</sup>	
6/26/01	ID# CK#	LARRY POPE 4316 Grand Ave DSM. IA 50312		150 <sup>00</sup>	
✓ 6/26/01	ID# 6125 CK# ○	Iowa Realtors PAC 999 Carriage Drive DSM. IA 50314		500 <sup>00</sup>	
✓ 6/26/01	ID# 6073 CK# ○	Iowa Medical PAC 1061 Grand Ave WDM. IA 50265		200 <sup>00</sup>	
✓ 6/26/01	ID# 6034 CK# ○	Engineers PAC 1000 Walnut #102 DSM. IA 50309		150 <sup>00</sup>	
6/26/01	ID# CK#	MAH MCCOY 2421 E Leach Ave DSM. IA 50315		100 <sup>00</sup>	
✓ 6/26/01	ID# 6101 CK# ○	MOTOR CARRIERS PAC 4034 6121 EDM STATION DSM. IA 50309		500 <sup>00</sup>	
✓ 6/26/01	ID# 6004 CK# ○	AGC 288x 757 DSM. IA 50303		500 <sup>00</sup>	
6/26/01	ID# CK#	TOAD SCHULZ 7931 Beechwood Ct Des Moines, IA 50322		100 <sup>00</sup>	
6/26/01	ID# CK#	JULIE SMITH 3917 Hillcrest Drive DSM. IA 50310		100 <sup>00</sup>	
<b>SUB-TOTAL</b>				\$ 2800 <sup>00</sup>	✓
<b>TOTAL (if last page of this schedule)</b>				\$	10

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**CONTRIBUTIONS -- MONEY TAKEN**

(Including candidate's personal funds)

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

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

*CITICORP for State Representative*

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
✓ 6/26/01	ID# 6082 CK#	MID AMERICAN 666 GRAND AVE PO BX 657 DSM 50303		\$ 250 <sup>00</sup>	✓
✓ 6/26/01	ID# 6071 CK#	IOWA LIFE INSURANCE 5700 WESTOWN PRVY WDM. IA 50266		200 <sup>-</sup>	✓
✓ 6/26/01	ID# 6056 CK#	BANKERS UNITE 418 6 <sup>th</sup> AVE DSM. IA 50307		200 <sup>-</sup>	✓
6/26/01	ID# CK#	BOB HAUG 1145 OKLAHOMA DR AMES. IA 50014		100 <sup>-</sup>	✓
6/26/01	ID# CK#	JOHN PEDERSON 1075 44 <sup>th</sup> ST DSM. IA 50311		50 <sup>-</sup>	✓
10/25/01	ID# CK#	ROBERT CONLEY 670 FOSTER DR DSM. IA 50312		100 <sup>-</sup>	✓
10/25/01	ID# CK#	JACOB GASKELL 141 37 <sup>th</sup> DSM. IA 50312		25 <sup>-</sup>	✓
10/25/01	ID# CK#	ANDREW ILL 13771 BAY HILL DR WDM. IA 50325		25 <sup>-</sup>	✓
10/25/01	ID# CK#	DAVID COUGHLIN 3420 SOUTHERN HILLS DSM. IA 50321		25 <sup>-</sup>	✓
10/25/01	ID# CK#	FRANCIS ANAN. A 3125 PARK PLAZA DSM. IA 50315		50 <sup>-</sup>	✓

SUB-TOTAL

\$ 1025<sup>-</sup>

TOTAL (if last page of this schedule)

\$

10

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**CONTRIBUTIONS – MONEY TAKEN**

(Including candidate's personal funds)

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*CIMODO for STATE REPRESENTATIVE*

**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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10/25/01	ID# CK#	JULIE EVANS 3200 PARK AVE DSM. IA 50321		\$ 50 <sup>-</sup>	
10/25/01	ID# CK#	TRICIA CHAMP 5105 SW 16 <sup>th</sup> ST DSM. IA 50315		50 <sup>-</sup>	
10/25/01	ID# CK#	Charles GRASK 3806 THORNTON AVE DSM 50321		50 <sup>-</sup>	
10/25/01	ID# CK#	JEFF LINK 4129 FOREST AVE DSM IA 50316		50 <sup>-</sup>	
10/25/01	ID# CK#	RALPH MARASCO 3009 SW 29 <sup>th</sup> ST DSM 50321		50 <sup>-</sup>	
10/25/01	ID# CK#	DARREN MARASCO 3135 SW 13 <sup>th</sup> DSM. IA 50315		100 <sup>-</sup>	
10/25/01	ID# CK#	R. F. MYERS 9 WOODLAND HTYS IOWA CITY IA 52240		100 <sup>-</sup>	
10/25/01	ID# CK#	SLOAN BUNNIE 5815 WOODLANDS DSM. IA 50312		100 <sup>-</sup>	
10/25/01	ID# CK#	Wm KIMBALL 6917 CAPITOL VIEW CT JENNISON IA 50131		100 <sup>-</sup>	
10/25/01	ID# CK#	Dan SKINNER 2718 60 <sup>th</sup> ST DSM. IA 50322		100 <sup>-</sup>	
SUB-TOTAL				\$ 750 <sup>-</sup>	
<b>TOTAL (if last page of this schedule)</b>				\$	10

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**CONTRIBUTIONS – MONEY TAKEN ...**

(Including candidate's personal funds)

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

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

CHUDO FOR STATE REPRESENTATIVE

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✓ 10/25/01	ID# 6351 CK# ○	PETROLEUM MARKETERS 1303 50 <sup>th</sup> St WDM IA 50266		\$ 100 <sup>-</sup>	
10/25/01	ID# CK#	ED SKINNER Box 367 Altoona IA 50009		100 <sup>-</sup>	
✓ 10/25/01	ID# 6077 CK# ○	IOWA PHARMACY PAC 8515 DOUGLAS DSM IA 50322		100 <sup>-</sup>	
10/25/01	ID# CK#	ROBB POMERANTZ 1435 CASADY DR DSM IA 50315		100 <sup>-</sup>	
✓ 10/25/01	ID# 6059 CK# ○	IOWA COMM. HEE of AUTO RETAILERS 1111 OFFICE PARK ROAD WDM IA 50265		100 <sup>-</sup>	
10/25/01	ID# CK#	CRAIG NEILSON 8620 T. + 10 <sup>th</sup> Circle LAS VEGAS NV 89117		100 <sup>-</sup>	
10/25/01	ID# CK#	Richard THORNTON 666 WALNUT ST DSM IA 50309		100 <sup>-</sup>	
10/25/01	ID# CK#	Michael REILLY 4849 Westown Drwy WDM IA 50265		100 <sup>-</sup>	
10/25/01	ID# CK#	JAMES JENSEN 214 59 <sup>th</sup> Court WDM IA 50266		50 <sup>-</sup>	
10/25/01	ID# CK#	JULIE SMITH 3917 Hillcrest Drive DSM IA 50310		200 <sup>-</sup>	

SUB-TOTAL

\$ 1050<sup>-</sup>

TOTAL (if last page of this schedule)

\$

10

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**CONTRIBUTIONS - MONEY TAKEN**

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*CH1000 for State Representative*

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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✓ 10/25/01	ID# 8194 CK#	HOUSE PAC 2700 SANDERS ROAD PROSPECT HEIGHTS IL 60070 FEL ID # C00033423		\$ 200	✓
✓ 10/25/01	ID# 6486 CK#	IOWA TELECOM 115 S 2ND AVE W NEWTON IA		100	✓
10/25/01	ID# CK#	Jim Cowrie 141 37th DES MOINES IA		500	✓
✓ 10/25/01	ID# 6411 CK#	MCI IOWA PAC 707 17th St #3600 DENVER CO 80207-3436		150	✓
✓ 10/25/01	ID# 6056 CK#	BANKERS UNITE 418 G <sup>2</sup> AVE #430 DSM IA 50309		200	✓
10/25/01	ID# CK#	DR. ROSS JALONE 1601 NW 114th St DSM IA 50325		100	✓
✓ 10/25/01	ID# 8141 CK#	FRANCHISING PAC 1350 NEW YORK AVE NW WASH DC 20005		500	✓
10/25/01	ID# CK#	Michael Myers 2530 73rd St URBANA ILL 61822		250	✓
10/25/01	ID# CK#	PATRICK LEONARD Rt 1 Bx 66A CEDAR DALE, KS		250	✓
10/25/01	ID# CK#	Michael Mevren 2006 Kings Lane PLATTS MOUTH NE 68048		500	✓
SUB-TOTAL 2750				\$ 2750	✓
TOTAL (if last page of this schedule)				\$	10

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**CONTRIBUTIONS – MONEY TAKEN I.**  
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*C11000 For State Rep.*

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✓ 10/25/01	ID# 6004 CK# <u>          </u>	AGC PO BOX 757 DSM. IA 50309		\$500 <sup>-</sup>	✓
✓ 10/25/01	ID# 6052 CK# <u>          </u>	INDEPENDENT INS. AGENTS. 4000 Westown PKWY #200 WDM. IA 50265		250 <sup>-</sup>	✓
✓ 10/25/01	ID# 6429 CK# <u>          </u>	Midwest Construction Promo. Com. 1900 Ingersoll DSM. IA 50312		250 <sup>-</sup>	✓
10/25/01	ID# CK#	JERRY CRAWFORD 1701 RUAN CENTER DES MOINES IA 50309		250 <sup>-</sup>	
10/25/01	ID# CK#	BRICE OAKLEY 418 38 <sup>th</sup> PLACE DES MOINES IA 50312		200 <sup>-</sup>	
✓ 10/25/01	ID# 6322 CK# 6323 <u>          </u>	MASTER BUILDERS 221 PARK STREET DES MOINES 50303		200 <sup>-</sup>	
✓ 10/25/01	ID# 6322 CK# <u>          </u> 6323	MASTER BUILDERS 221 PARK ST DES MOINES IA 50303		200 <sup>-</sup>	✓
✓ 10/25/01	ID# 6096 CK# <u>          </u>	MANUFACTURED HOUSING PAC 1400 DEAN AVE DSM. IA 50346		200 <sup>-</sup>	✓
✓ 10/30/01	ID# 6038 CK# <u>          </u>	VERIZON 11 11 <sup>th</sup> St # GRINELL IA 50112		200 <sup>-</sup>	
✓ 11/28/01	ID# 6282 CK# <u>          </u>	HYVEE PAC 5820 Westown PKWY WDM. IA 50266		250 <sup>-</sup>	
SUB-TOTAL				\$2500 <sup>-</sup>	✓
TOTAL (if last page of this schedule)				\$	

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*CMODO for STATE REP.*

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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✓ 11/29/01	ID# 6489 CK# <i>(circled)</i>	IOWA BEEHOUND PAC 812 Rowley ST WALKER IA 53252		\$ 1000 <sup>-</sup>	
✓ 11/29/01	ID# 8251 CK# <i>(circled)</i>	PRIN PAC (PRINCIPAL FINANCIAL) 711 HIGH ST DES MOINES IA 50309		300 <sup>-</sup>	
1/7/02	ID# 6411 CK# <i>(circled)</i>	MC1 - IOWA PAC 707 17 <sup>th</sup> ST DENVER CO 80202		100 <sup>-</sup>	
✓ 1/7/02	ID# 6082 CK# <i>(circled)</i>	MID AMERICAN ENERGY CO 666 G. AND AVE PO BOX 657 50303		250 <sup>-</sup>	
1/7/02	ID# CK# 7376	MARTHA WILLIAMS 412 38 <sup>th</sup> PL DES MOINES IA 50312		50 <sup>-</sup>	
1/7/02	ID# CK# 1661	JOAN SCHACHTERLE 317 6 <sup>th</sup> AVE ST 740 DSM. IA 50309		50 <sup>-</sup>	
2/7/02	ID# CK# 3031	A. JOAN DAVIS 525 WATERBURY CIRCLE DES MOINES IA 50312		150 <sup>-</sup>	
1/7/02	ID# CK# 6149	MARY SHELDON 1028 CEDAR CIR WDM. IA 50266		50 <sup>-</sup>	
✓ 1/12/02	ID# 6034 CK# 1450	ENGINEERS PAC 1000 WALNUT DES MOINES IA		200 <sup>-</sup>	
1/12/02	ID# CK# 6343	DAVID SCOTT 5166 WALKER AVE DES MOINES IA 50312		200 <sup>-</sup>	
SUB-TOTAL				\$ 2350	
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.



**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
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CHECK THIS BOX IF AMENDING FORM

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

CI1000 for State Rep

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
2/27/01	ID# CK# 575	Cystic Fibrosis Foundation	DONATION	\$1225.00
2/29/01	ID# CK# 574	SPRINT PCS	Cell Phone Campaign #	250.00
3/29/01	ID# CK# 1031	SPRINT PCS	Cell Phone Campaign #	224.68
4/22/01	ID# CK# 1002	Italian Cultural Center DSM IA	Donation	100.00
5/10/01	ID# CK# 1003	Iowa Ethics Campaign Disc. 512 E Locust DSM. IA 50309	Escheat Funds 99.94 OVER IN BANK ACCT	<del>99.94</del>
5/21/01	ID# CK# 1005	SPRINT PCS	Cell Phone Campaign #	107.43
5/24/01	ID# CK# 1004	CARTER PRINTING 1701 E Grand DSM. IA 50315	LETTER HEADS	271.36
6/5/01	ID# CK# 1006	HY VEE GROCERY STORE	STAMPS	68.00
SUB-TOTAL				\$ 2246.47
TOTAL (if last page of this schedule)				\$

**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).)

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*CA1000 For STATE REPRESENTATIVE*

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
6/23/01	ID# CK# 1062	SPRINT PCS	Cell PHONE CAMPAIGN #	\$ 130.31
6/23/01	ID# CK# 1061	HOUSE TRUMAN FUND	DONATION	300 <sup>00</sup>
7/23/01	ID# CK# 1032	SPRINT PCS	Cell PHONE CAMPAIGN #	144.51
7/26/01	ID# CK# 583	Society of Italian Americans Auxiliary Women's Des Moines, IA	Donation	100 <sup>00</sup>
7/27/01	ID# CK# 584	Polk Co. Democrats	Donation	400 <sup>00</sup>
8/2/01	ID# CK# 1033	ITALIAN FESTIVAL	DONATION	500 <sup>00</sup>
8/30/01	ID# CK# 1007	HOUSE TRUMAN FUND	DONATION	250 <sup>00</sup>
9/1/01	ID# CK# 604	R. Brian Moran 1800 Ryan Center DSM IA	CONSULTANT FEE	1500 <sup>00</sup>
SUB-TOTAL				\$ 3324.82
TOTAL (if last page of this schedule)				\$

**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

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
**CITIDDD FOR STATE REPRESENTATIVE**

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
10/25/01	ID# CK# 1008	63RD ST DELI 6151 THORNTON Des Moines, IA 50321	FUNDRAISER FOOD	\$ 200 <sup>—</sup>
10/25/01	ID# CK# 1034	CARTER PRINTING 1700 E GRAND Des Moines, IA 50317	INVITATIONS	\$ 171.72
11/1/01	ID# BANK CK# CHECK	SPRINT PCS	Cell Phone	272. <sup>17</sup>
11/15/01	ID# BANK CK# CHECK	SPRINT PCS	Cell Phone	460 <sup>—</sup>
11/15/01	ID# CK# 1035	CARTER PRINTING 1700 E GRAND Des Moines IA 50317	CAMPAIGN Letters / Signs / Brochure	1987.50
11/21/01	ID# CK# 585	SPRINT PCS	Cell PHONE	271. <sup>67</sup>
12/15/01	ID# CK# 1091	SPRINT PCS	Cell PHONE	276. <sup>35</sup>
1/2/02	ID# CK#	Wells Fargo BANK 299 WALNUT	BANK CHARGES	56.16
SUB-TOTAL				\$ 3695.57
TOTAL (if last page of this schedule)				\$ 9366.70
518 9266.86				

**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).)

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)  
**CHODO FOR STATE REP**

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3077.06

**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
			\$

TOTAL (PART I) \$ \_\_\_\_\_

**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
3/23/01	CANDIDATE		\$ 250.00

TOTAL CASH REPAYMENTS (PART II) \$ ~~3077.06~~ 250.00

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

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3027.06

\*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.

