

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM (Rev. 02/96)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 5099
Indexed 9-24-03
Audited _____
Computer WRS + SB
Certified Date of Dissolution 9-25-03

COMMITTEE NAME

JAN 17 2002

Official Name of Committee	
NIELSEN FOR AUDITOR COMMITTEE	
Street	
217 NE 16th St.	
City, State, Zip Code	
ANKENY, IOWA	50021
Area Code	Telephone
515	964-8884

Effective date of dissolution:

January 17, 2002

[Signature]
Signature of Treasurer

1/17/02
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

[Signature]

Signature of Candidate - Required for Candidate's Committee

1/17/02

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	<i>See original DR-2 filed same date</i>
Indexed _____	
Audited _____	
Computer _____	

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

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 ANDREW E. NIELSEN Political Party REPUBLICAN **JAN 17 2002**

Office Sought OFFICE OF AUDITOR OF STATE District (if Senate or House) _____

Andrew E. Nielsen (515) 964-8884 1/17/02
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 January 17, 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

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

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.)

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.)\$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 0

Schedule F: Loans Received total (Attach Schedule F)..... 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 0

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 0

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 0

****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 0

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ NONE

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

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
9-6-01	ID# CK# 880	Timothy Anderson	Pro rata refund of campaign contribution	\$ 170 ⁰⁰
9-6-01	ID# CK# 881	Jim Voigt Replaced by money order	Pro rata refund of campaign contribution Copy attached	68 ⁰⁰
9-6-01	ID# CK# 882	Stan + Pat Junsod	Pro rata refund of campaign contribution	68 ⁰⁰
9-6-01	ID# CK# 883	Mark Phillips	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 884	James L. Hankel	Pro rata refund of campaign contribution	20.40
9-6-01	ID# CK# 885	Ron Swanson	Pro rata refund of campaign contribution	17 ⁰⁰
9-6-01	ID# CK# 886	Marvin + Pat Maroun	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 887	LeRoy + JoAnn Handel	Pro rata refund of campaign contribution	51 ⁰⁰
SUB-TOTAL				\$ 462 ⁴⁰
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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<input checked="" 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)

NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 888	Gary + Linda Power	Pro rata refund of Campaign Contribution	\$ 13. ⁶⁰
9-6-01	ID# CK# 889	Kent + Pam Brandenburg	Pro rata refund of campaign contribution	51 ⁰⁰
9-6-01	ID# CK# 890	David Maske Replaced by Money Order Copy attached	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 891	Brad + Laurie Simington	Pro rata refund of Campaign Contribution	102 ⁰⁰
9-6-01	ID# CK# 892	Mark Johnson	Pro rata refund of Campaign Contribution	13. ⁶⁰
9-6-01	ID# CK# 893	Dont + Linda Herman	Pro rata refund of Campaign Contribution	51 ⁰⁰
9-6-01	ID# CK# 894	Lori J. Smith	Pro rata refund of Campaign Contribution	34 ⁰⁰
9-6-01	ID# CK# 895	Cindy Weber	Pro rata refund of Campaign Contribution	68 ⁰⁰
SUB-TOTAL				\$ 367. ⁶⁰
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).)

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	5099
Indexed	SK
Audited	9.25.03 e
Computer	CL + WRS

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

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

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>ANDREW E. NIELSEN</u>	Political Party <u>REPUBLICAN</u>
Office Sought <u>OFFICE OF AUDITOR OF STATE</u>	District (if Senate or House) <u>N/A</u>

JAN 17 2002
 HD
 1/17/02
 DATE SIGNED

Andrew E. Nielsen
 SIGNATURE OF TREASURER (or person filing this report) (515) 964-8884
 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 Jan 1, to Dec 31, 2001 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) 1-19-02 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.)\$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>8718.48</u>
Schedule F: Loans Received total (Attach Schedule F).....	<u>700.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....	<u>0</u>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL.....\$	<u>9,418.48</u>

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...	<u>8,718.48</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>700.00</u>

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 0

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 0

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____ NONE

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKE-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)

NIELSEN FOR AUDITOR COMMITTEE

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
4-23-01	ID# CK#	Habbo + Holly Fokkena 19152 Quail Ave. Box 250 Clarksville, Iowa 50619		\$ 200. ⁰⁰	
5-31-01	ID# CK#	Rolland + Glende Pohl peter 3211 Wolcott Ave. Des Moines, Iowa 50321		100. ⁰⁰	
6-5-01	ID# CK#	Michael + Susan Battani 6120 Brandywine Johnston, Iowa 50131		100. ⁰⁰	
6-7-01	ID# CK#	Earl + Janet Leonard 730 SK 5th Court Ankeny, Iowa 50021		20. ⁰⁰	
6-8-01	ID# CK#	Randy + Julie Henkle 221 NE 16th St. Ankeny, Iowa 50021		100. ⁰⁰	
6-8-01	ID# CK#	DON + NORA Breniman 1205 SK Rio Dr. Ankeny, Iowa 50021		25. ⁰⁰	
6-8-01	ID# CK#	Michael R. Sharp 110 SK Grant Suite 106 Ankeny, Iowa 50021		100. ⁰⁰	
6-9-01	ID# CK#	Rebecca McCreary 5513 Kensington Cr. Johnston, Iowa 50131		100. ⁰⁰	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 745.⁰⁰

TOTAL (if last page of this schedule)

\$

State 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)
NIELSEN FOR AUDITOR COMMITTEE

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 68E.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
6-9-01	ID# CK#	Bob Jahner 1150 Mc Kimber Lane Knoxville, Iowa 50138		\$ 50.00	
6-9-01	ID# CK#	Kay Dunn P.O. Box 247 Ames, Iowa 50010		20.00	
6-9-01	ID# CK#	Jim Russell 1705 W Wahkousa Ave. Polk City, Iowa 50226		20.00	
6-9-01	ID# CK#	Gaylon Halverson 2006 Rainbow Dr. Cedar Falls, Iowa 50613		50.00	
6-11-01	ID# CK#	L. Thomas Keiser 619 Beck St. Charles City, Iowa 50616		50.00	
6-11-01	ID# CK#	Lee Nicholas 204 Niagara Dr. Waterloo, Iowa 50701-1104		100.00	
6-11-01	ID# CK#	Jim & Jan Metheny 909 NW Maple Ankeny, Iowa 50021		25.00	
6-11-01	ID# CK#	John + Barbara Ledvina 722 SE Richland Ct. Ankeny, Iowa 50021		25.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 340.00
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)

NIELSEN FOR AUDITOR COMMITTEE

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
6-11-01	ID# CK#	Randy Hoeck 509 NE 6th St. Ankeny, Iowa 50021		\$ 25.00	
6-11-01	ID# CK#	Charlie Sheridan P.O. Box 94 Dewitt, Iowa 52792-0094		75.00	
6-11-01	ID# CK#	Gene Larson 1113 SE Cortina Ankeny, Iowa 50021		10.00	
6-11-01	ID# CK#	Ann Menke 406 Avenue E. West Point, Iowa 52656		50.00	
6-12-01	ID# CK#	David + Betsy Roe 914 W Adams St. Pella, Iowa 50219		250.00	
6-12-01	ID# CK#	Steve King 5106 Lyndale Dr. Des Moines, Iowa 50310		50.00	
6-12-01	ID# CK#	Wendell + Lois Harms 2502 NE 98th Pl. Ankeny, Iowa 50021		25.00	
6-12-01	ID# CK#	Sandy Willems 923 NW Prairie Ridge Dr. Ankeny, Iowa 50021		10.00	
6-13-01	ID# CK#	Ted Weigand 603 W Madison Mt. Pleasant, Iowa 52641		100.00	
6-13-01	ID# CK#	Laks Jagandon 2302 W 1st St. Ankeny, Iowa 50021		50.00	
SUB-TOTAL				\$ 645.00	
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)

NIELSEN FOR AUDITOR COMMITTEE

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
6-13-01	ID# CK#	Dave Voy 817 SE Louie Lane Ankeny, Iowa		\$ 50. ⁰⁰	
6-13-01	ID# CK#	LW Andreesen 1415 Meadowbrook Lane Waverly, Iowa 50677		50. ⁰⁰	
6-13-01	ID# CK#	Terry Nielsen 1015 Beaver Box 39 New Hartford, IA 50660	Brother	100. ⁰⁰	
6-13-01	ID# CK#	Larry Nielsen 309 Miners St. Parkersburg, Iowa 50665	Brother	50. ⁰⁰	
6-13-01	ID# CK#	Kim Knight 3233 86th St. #520 Urbandale, Iowa 50322		50. ⁰⁰	
6-14-01	ID# CK#	Diane McNulty 16 S willowcreek Ct. Mason City, Iowa 50401		50. ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 350.⁰⁰

TOTAL (if last page of this schedule)

\$

sure 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 filial 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)
NIELSEN FOR AUDITOR COMMITTEE

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
6-15-01	ID# CK#	Jim + Klaine Brazelton 201 SW Logan Ankeny, Iowa 50021		\$ 150.00	
6-15-01	ID# CK#	Jerry + Nancy Koester 1702 Dakota Dr. Waterloo, Iowa 50701		50.00	
6-15-01	ID# CK#	Marsha Carter 1710 Maple Road Defiance, Iowa 51527		50.00	
6-16-01	ID# CK#	James R. Bowman 24 E. Main St. Marshalltown, Iowa 50158		25.00	
6-16-01	ID# CK#	Stan + Debbie Hines 4832 NK 56th St Altoona, Iowa 50009		50.00	
6-19-01	ID# CK#	James K. Benbow 7808 Goodman Circle Urbandale, Iowa 50322		250.00	
6-19-01	ID# CK#	Tami Kusian 5925 R P True Unit 13 West Des Moines, Iowa 50266		200.00	
6-19-01	ID# CK#	Tab + Deb Moser 1511 4th St. SW Altoona, Iowa 50009		50.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 825.00
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)
NIELSEN FOR AUDITOR COMMITTEE

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
6-19-01	ID# CK#	Becky Hannasch 306 NW Kimberly Lane Ankeny, Iowa 50021		\$ 25.00	
6-23-01	ID# CK#	Donna Schneiderman 3116 Cedar Heights Dr. Cedar Falls, Iowa 50613	Aunt	20.00	
6-23-01	ID# CK#	Jerry Nielsen 33679 170th St. Dike, Iowa 50624	Brother	500.00	
6-23-01	ID# CK#	Virgil + Donna De Boer 7402 W 12th St. Cedar Falls, Iowa 50613	Uncle + Aunt	50.00	
6-23-01	ID# CK#	Jeff Beisner Box 111 Farham, Iowa 50072		100.00	
6-23-01	ID# CK#	Erwin Erickson 321 S. Maple Ames, Iowa 50010		100.00	
6-23-01	ID# CK#	Deb Ressert 3392 - 200th St. Geanger, Iowa 50109		100.00	
6-23-01	ID# CK#	Jim + Cathy Hunicutt 406 Swanze Marshalltown, Iowa 50158	Brother-in-law + Sister	50.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 945.00

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 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)

NIELSEN FOR AUDITOR COMMITTEE

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
6-23-01	ID# CK#	Adrian + Fran Wolbrink 1721 - 10th St. SW Mason City, Iowa 50401		\$ 75.00	
6-23-01	ID# CK#	Dennis Albertson 2793 NE 9th Place Ankeny, Iowa 50021		30.00	
6-23-01	ID# CK#	Ray Hoffmann Terra Centre Suite 1000 Sioux City, Iowa 51101		50.00	
6-23-01	ID# CK#	Marlys Gaston 2609 Moonlight Dr. Des Moines, Iowa 50320		100.00	
6-23-01	ID# CK#	Dave + Melissa Gaurley 1505 NW Linwood Ankeny, Iowa 50021		30.00	
6-23-01	ID# CK#	Donna Kruger 2609 Moonlight Dr. Des Moines, Iowa 50320		100.00	
6-23-01	ID# CK#	Robert W. Williams P. O. Box 410 Mason City, Iowa 50402		100.00	
6-23-01	ID# CK#	Gary Naylor 829 SE 9th St. Ankeny, Iowa 50021		25.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 510.00

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 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)

AI, ELSER FOR AUDITOR COMMITTEE

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
6-25-01	ID# CK#	Randy + Maggie Bange 214 NE 16th St. Ankang, Iowa 50021		\$ 20.00	
6-25-01	ID# CK#	Steve Dick P. O. Box # 256 De Soto, Iowa 50069		25.00	
6-27-01	ID# CK#	Scott Murray 2132 NE 105th Place Ankang, Iowa 50021		25.00	
6-27-01	ID# CK#	Bruce Oimoen 405 Orchard Lane Clear Lake, Iowa 50428		25.00	
6-27-01	ID# CK#	Ruth A. Hill 3610 Annear St. Ames, Iowa 50014-3931		75.00	
6-27-01	ID# CK#	Dave + Annette Campbell 636 Aspen Dr. Norwalk, Iowa 50211		75.00	
6-27-01	ID# CK#	Grae + Tara Severson Ke 5090 NW Kimberly Lane Ankang, Iowa 50021		20.00	
6-27-01	ID# CK#	David + Maggie Vandewilt 7806 SW Glenbrooke CT Ankang, Iowa 50021		30.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 295.00

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 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)

NIKLSEN FOR AUDITOR COMMITTEE

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
6-27-01	ID# CK#	Timothy Anderson 805 S 9th St Humboldt, Iowa 50548-2248		\$ 250.00	
6-27-01	ID# CK#	Jim Voigt P.O. Box 678 Algona, Iowa 50571		100.00	
6-27-01	ID# CK#	Stan + Pat Junod 1518 NW Parkridge Pl. Ankeny, Iowa 50021		100.00	
6-27-01	ID# CK#	Bill Renner 602 NW School Ankeny, Iowa 50021		5.00	
6-27-01	ID# CK#	Mark Phillips 125 S Dubuque St. Suite 400 Iowa City, Iowa 52240		50.00	
6-28-01	ID# CK#	James L. Henkel 325 Linn St. Boone, Iowa 50036		30.00	
6-28-01	ID# CK#	Ron Swanson 1717 340th St. Madrid, Iowa 50156		25.00	
6-29-01	ID# CK#	Marvin + Pat Maronn 33768 270th St. Keldora, Iowa 50627		50.00	
6-29-01	ID# CK#	Le Roy + JoAnn Handel 16960 Tanglewild Dr. Morrison, Ill. 61270		75.00	
	ID# CK#				

SUB-TOTAL

\$ 685.00

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)
NIELSEN FOR AUDITOR COMMITTEE

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
6-30-01	ID# CK#	Gary + Linda Power 1001 SE Philip Des Moines, Iowa 50315		\$ 30.00	
6-30-01	ID# CK#	Ken + Pam Brandenburg 1209 S 12th Ave. Marshalltown, Iowa 50558		75.00	
6-30-01	ID# CK#	David Maske 14 W 5th St. Spencer, Iowa 51301		50.00	
7-1-01	ID# CK#	Brad + Laurie Simington 6695 NW 54th Court Johnston, Iowa 50131		150.00	
7-2-01	ID# CK#	Mark Johnson 1501 NW Wagner Blvd Ankeny, Iowa 50021		20.00	
7-3-01	ID# CK#	Don + Linda Herman 902 SE Uehlman Ankeny, Iowa 50021		75.00	
7-3-01	ID# CK#	Lori J Smith 5924 Meadow Valley Ct. West Des Moines, Iowa 50266		50.00	
7/6/01	ID# CK#	Cindy Weber 313 NE Mandy Lane Ankeny, Iowa 50021		100.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 540.00

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 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)

WIELSEN FOR AUDITOR COMMITTEE

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
7-6-01	ID# CK#	Suzanne Hamft 3801 Hunter Ave. Des Moines, IOWA 50311		\$ 75 ⁰⁰	
7-6-01	ID# CK#	Mark Moksetad P. O. Box 94 Sheldahl, IOWA 50243		50 ⁰⁰	
7-6-01	ID# CK#	Krista L. Odendahl 26586 Aspen Avenue Manning, IOWA 51455		25 ⁰⁰	
7-6-01	ID# CK#	Terry Sill 108 Oakridge Drive Mt. Vernon, IOWA 52314		25 ⁰⁰	
7-6-01	ID# CK#	Ed + Sally Baker 4725 Quesada Ave. Cedar Falls, IOWA 50613		25 ⁰⁰	
7-6-01	ID# CK#	Ellen Bergman 404 N 5th St. Marshalltown, IOWA 50158		50 ⁰⁰	
7-6-01	ID# CK#	Gordon + Karen Harrison 4412 Palm Ave. Des Moines, IOWA 50310		50 ⁰⁰	
7-15-01	ID# CK#	Ron Michaelson 4129 Sable Lane Cedar Falls, IOWA 50613		258 ⁰⁰	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 550⁰⁰

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 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)
NIELSEN FOR AUDITOR COMMITTEE

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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
7-15-01	ID# CK#	Brad + Anne Rempa 1221 SE Judy Dr. Ankeny, Iowa 50021		\$ 25 ⁰⁰	
7-15-01	ID# CK#	Tom + Patty Hoffman 1205 SE Michael Ankeny, Iowa 50021		50 ⁰⁰	
7-17-01	ID# CK#	Michelle Meyer 169 52nd St. West Des Moines, Iowa 50265		150 ⁰⁰	
7-16-01	ID# CK#	Al + Jane Eildarts 1819 W 4th St. Cedar Falls, Iowa 50613		75 ⁰⁰	
7-17-01	ID# CK#	Ken Buskohl 32339 156th St. Cedar Falls, Iowa 50613		75 ⁰⁰	
7-17-01	ID# CK#	Rick Sibbel 1401 NW Campus Dr. Ankeny, Iowa 50021		50 ⁰⁰	
7-17-01	ID# CK#	Terry Peter 2810 NE 96th Pl. Ankeny, Iowa 50021		50 ⁰⁰	
7-17-01	ID# CK#	Scott M. Galenbeck 1255W 51th St. Des Moines, Iowa 50312		50 ⁰⁰	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 525⁰⁰

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 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)

NIELSEN FOR AUDITOR COMMITTEE

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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
7/20/01	ID# CK#	Larry + Jo Wray 1333 Spring St. Grinnell, Iowa 50112		\$ 10 ⁰⁰	
7/20/01	ID# CK#	Jim + Marianne Chalstrom 1510 Wheeler Dr. Ames, Iowa 50010		50 ⁰⁰	
7/20/01	ID# CK#	Charlotte Kelly 1414 N Algona St. Dubuque, Iowa 52001		5 ⁰⁰	
7/23/01	ID# CK#	Ken + Betty Ruetz 5518 Oakbrook Rd. Davenport, Iowa 52806		50 ⁰⁰	
7/23/01	ID# CK#	Bill + Jeanette Campbell 1209 E Euclid Avenue Indianola, Iowa 50125		25 ⁰⁰	
7/24/01	ID# CK#	Ken Kline 731 S. Monroe Ct. Mason City, Iowa 50401		25 ⁰⁰	
7/24/01	ID# CK#	Jim + Carole Bruns 1795 - 212 St. Waverly, Iowa 50677		25 ⁰⁰	
7/24/01	ID# CK#	Dick + Mary Barnard 1101 N 1st St. Oskaloosa, Iowa 52577		100 ⁰⁰	
7/24/01	ID# CK#	Ruby Nielsen 13812 T. Avenue Dike, Iowa 50624	Mother	200 ⁰⁰	
	ID# CK#				

SUB-TOTAL

490⁰⁰
\$

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 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)

NIELSEN FOR AUDITOR COMMITTEE

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7-27-01	ID# CK#	Daniel + Cindy Dickey 220 N MAIN ST. Packwood, Iowa 52580		\$ 250 ⁰⁰	
7-28-01	ID# CK#	Dave + Ardie Sutphen 203 Elm St. Pella, Iowa 50219		50 ⁰⁰	
8-1-01	ID# CK#	Donald Bailey 685 3rd St. Waukee, Iowa 50263		25. ⁰⁰	
7-29-01	ID# CK#	Mel Barker 914 Conn St. Parkersburg, Iowa 50665		50 ⁰⁰	
7-29-01	ID# CK#	Wendell Abkes 809 Miners St. Parkersburg, Iowa 50665		35 ⁰⁰	
7-29-01	ID# CK#	Bob + Peg Borghuna 28374 205 St Clarksville, Iowa 50619		25 ⁰⁰	
7-29-01	ID# CK#	John + Carol Heckman 21183 Yale Ave. Shell Rock, Iowa 50670		25 ⁰⁰	
7-29-01	ID# CK#	George + Lois Roose 25506 195th St. Allison, Iowa 50602		25 ⁰⁰	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 485⁰⁰

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 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)

NIELSEN FOR AUDITOR COMMITTEE

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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
7-29-01	ID# CK#	Mike + Sharon Jahnke 1000 Cedar Glyn Dr. Waverly, Iowa 50677		\$ 30.00	
7-29-01	ID# CK#	Neal + Arlene Wedeking P. o. Box 697 Clarksville, Iowa 50619		50.00	
7-29-01	ID# CK#	Bill Dix 317 S Walnut Box 220 Shell Rock, Iowa 50670		50.00	
7-29-01	ID# CK#	Mick + Angie Fiskel P. o. Box 626 Allison, Iowa 50602-0626		50.00	
7-29-01	ID# CK#	Russell + Eva Slight 315 4th Ave N. Estherville, Iowa 51334		50.00	
7-29-01	ID# CK#	Mike Creeden P. o. Box 384 Dumont, Iowa 50625		50.00	
7-29-01	ID# CK#	Ivan + Mary Ackerman 505 3rd Ave SE Waverly, Iowa 50677		50.00	
7-29-01	ID# CK#	Hugh M. Field 561 Sunset Rd. Waterloo, Iowa 50701-3929		50.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 380.00

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 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)
NIELSEN FOR AUDITOR COMMITTEE

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
7-29-01	ID# CK#	Robert + Haylock 906 Wemple Parkersburg, Iowa 50665		\$ 50.00	
7-29-01	ID# CK#	Louise Squires 12458 Hickory Ave. Greene, Iowa 50636		20.00	
7-29-01	ID# CK#	Howard + Debbie Huisinga 19637 310th St. Parkersburg, Iowa 50665		20.00	
7-29-01	ID# CK#	Vern + Vera Poppen 530 W Superior #3 Clarksville, Iowa 50619		10.00	
7-29-01	ID# CK#	Gragory + Rebecca Lierens 402 8th St. Aplington, Iowa 50604-1046		25.00	
7-29-01	ID# CK#	Ruth Miller P. O. Box 24 Allison, Iowa 50602-0024		25.00	
7-29-01	ID# CK#	Kendall + Linda Truax 25252 - 280th St. Parkersburg, Iowa 50665-7614		50.00	
7-29-01	ID# CK#	Dave + Deb McWhirter 22782 180th St. Allison, Iowa 50602		25.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 225.00

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 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)

NIELSEN FOR AUDITOR COMMITTEE

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
7-29-01	ID# CK#	John + Dixie Spain RR 1 Parkersburg, Iowa 50665		\$ 50. ⁰⁰	
7-29-01	ID# CK#	George + Marie Busch 21384 Liberty Ave. Allison, Iowa 50602-9318		50. ⁰⁰	
7-29-01	ID# CK#	Wayne + Lavola Rohlfing 401 S Church Clarksville, Iowa 50619		50. ⁰⁰	
7-29-01	ID# CK#	Jerry Jorgensen 1224 - 240th St. Waverly, Iowa 50677		25. ⁰⁰	
9-17-01	ID# CK#	Andy Nielsen 217 NE 16th St. Ankeny, Iowa 50021		8.48	
	ID# CK#				

SUB-TOTAL

\$ 183.48

TOTAL (if last page of this schedule)

\$ 8718.48

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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)
NIELSEN FOR AUDITOR COMMITTEE

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
	ID# CK# 801	Void		\$ 0
6-4-01	ID# CK# 802	United States Post Office 1011 N Ankeny Blvd. Ankeny, Iowa 50021	Postage for campaign mailings	238.00
5-24-01	ID# CK# 803	Iowa Society of CPA's 950 Office Park Road #300 Des Moines, IOWA	Address Disk	25.00
5-31-01	ID# CK# 804	Nite Owl Printing 1541 7th St. Des Moines, Iowa 50314	Envelopes for campaign mailing	132.50
8-8-01	ID# CK# 805	Nite Owl Printing 1541 7th St. Des Moines, IOWA 50314	Letterhead for campaign mailing, response devices and palm cards for campaign	667.80
6-6-01	ID# CK# 806	USPO 1011 N Ank Blvd Ankeny, IA 50021	Postage for campaign mailings	136.00
5-1-01	ID# CK# —	Community State Bank P.O. Box 127 Ankeny, Iowa 50021	Charge for checks	19.05
	ID# CK#			
SUB-TOTAL				\$ 1218.35
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 (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)
NIELSEN FOR AUDITOR COMMITTEE

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
6-29-01	ID# CK# 807	Republican Party of Iowa 521 East Locust St. Des Moines, Iowa 50309	Ticket for Chairman's Dinner	\$ 50.00
6-14-01	ID# CK# 808	US PO 1011 N Ank. Blvd. Ankang, Iowa 50021	Postage for mailing thank-yous for Campaign	102.00
7-28-01	ID# CK# 809	American Marking 440 East Grand Des Moines, Iowa 50309	Name Tags for Campaign	63.60
7-29-01	ID# CK# 810	Staples 906 East 1st St. Ankang, Iowa 50021	Brochure copies and office supplies for campaign	39.65
8-10-01	ID# CK# 811	Holly Fokkena 19152 Quail Avenue PO Box 250 Clarksville, IA. 50619	Food, Beverages and paper products for campaign event	200.00
8-7-01	ID# CK# 812	US PO 1011 N Ank. Blvd Ankang, Iowa 50021	Postage for mailing for Campaign	68.00
7-03-01	ID# CK# —	Community State Bank P.O. Box 127 Ankang, Iowa 50021	Service Charge and sales tax	6.63
	ID# CK#			

SUB-TOTAL \$ 529.88

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 (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)
NIELSEN FOR AUDITOR COMMITTEE

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
8-12-01	ID# CK# 814	Andy Nielsen 217 NE 16th St. Ankeny, IOWA 50021	Mileage reimbursement to Andy Nielsen from April 16, 2001 to September 05, 2001 2274 miles @ 34 1/2¢ per mile	\$ 784.53
	ID# CK#		Reimbursement for Post office rental for 6 months	34.50
	ID# CK#		Reimbursement for Food and beverages for campaign workers	64.13
	ID# CK#		Reimbursement for Campaign brochures	69.96
	ID# CK#		Reimbursement for pens and other supplies for campaign	11.58
	ID# CK#		Reimbursement for copying of news releases and postage	11.24
	ID# CK#		Reimbursement for decorations and Candy for event	32.59
	ID# CK#		Reimbursement for event ticket	15.00
	ID# CK#		Reimbursement for paper for copies for campaign	20.13
SUB-TOTAL				\$ 1043.66
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 (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)
NIELSEN FOR AUDITOR COMMITTEE

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
8-13-01	ID# CK# -	Community State Bank Box 127 Ankeny, Iowa 50021	Bank charge for research + copy	\$ 2.00
9-5-01	ID# CK# 815	Staples 906 East 1st St. Ankeny, Iowa	Copies for campaign mailing	8.59
	ID# CK#			
SUB-TOTAL				\$ 10.59
TOTAL (if last page of this schedule)				\$

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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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)

NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 816	Habbo + Holly Fokkena	Pro rata refund of Campaign Contribution	\$ 136. ⁰⁰
9-6-01	ID# CK# 817	Rolland + Glenda Pohlpete	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 818	Michael + Susan Battani	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 819	Earl + Janet Leonard	Pro rata refund of Campaign Contribution	13. ⁶⁰
9-6-01	ID# CK# 820	Randy + Julie Henkle	Pro rata refund of Campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 821	DON + NORA Breniman	Pro rata refund of Campaign Contribution	17. ⁰⁰
9-6-01	ID# CK# 822	Michael R. Sharp	Pro rata refund of Campaign Contribution	68. ⁰⁰
9-6-01	ID# CK# 823	Rebecca McCreary	Pro rata refund of Campaign Contribution	68. ⁰⁰

* See Schedule A for addresses

SUB-TOTAL \$ 506.⁶⁰

TOTAL (if last page of this schedule) \$

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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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 824	Bob Jahner	Pro rata refund of campaign contribution	\$ 34. ⁰⁰
9-6-01	ID# CK# 825	Kay Dunn	Pro rata refund of campaign contribution	13. ⁶⁰
9-6-01	ID# CK# 826	Jim Russell	Pro rata refund of campaign contribution	13. ⁶⁰
9-6-01	ID# CK# 827	Gaylon Halverson	Pro rata refund of campaign contribution	34. ⁰⁰
9-6-01	ID# CK# 828	L. Thomas Keiser	Pro rata refund of campaign contribution	34. ⁰⁰
9-6-01	ID# CK# 829	Lee Nicholas	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 830	Jim + Jan Metheny	Pro rata refund of campaign contribution	17. ⁰⁰
9-6-01	ID# CK# 831	John + Barbara Ledvina	Pro rata refund of campaign contribution	17. ⁰⁰
SUB-TOTAL				\$ 231. ²⁰
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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	MONETAR EXPENDITURE
<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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 832	Randy Hoeck	Pro rata refund of campaign contribution	\$ 17. ⁰⁰
9-6-01	ID# CK# 833	Charlie Sheridan	Pro rata refund of campaign contribution	51. ⁰⁰
9-6-01	ID# CK# 834	Gene Larson	Pro rata refund of campaign contribution	6. ⁸⁰
9-6-01	ID# CK# 835	Ann Manke	Pro rata refund of campaign contribution	34. ⁰⁰
9-6-01	ID# CK# 836	David + Betsy Roe	Pro rata refund of campaign contribution	170. ⁰⁰
9-6-01	ID# CK# 837	Steve King	Pro rata refund of campaign contribution	34. ⁰⁰
9-6-01	ID# CK# 838	Wendell + Lois Harms	Pro rata refund of campaign contribution	17. ⁰⁰
9-6-01	ID# CK# 839	Sandy Wilkens	Pro rata refund of campaign contribution	6. ⁸⁰
SUB-TOTAL				\$ 336. ⁶⁰
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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
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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.

CHECK THIS BOX IF AMENDING FORM

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

NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 840	Ted Weigand	Pro rata refund of campaign contribution	\$ 68.00
9-6-01	ID# CK# 841	Laks Jagnandon	Pro rata refund of campaign contribution	34.00
9-6-01	ID# CK# 842	Dave Voy	Pro rata refund of campaign contribution	34.00
9-6-01	ID# CK# 843	L. W. Andreessen	Pro rata refund of campaign contribution	34.00
9-6-01	ID# CK# 844	Terry Nielsen	Pro rata refund of campaign contribution	68.00
9-6-01	ID# CK# 845	Larry Nielsen	Pro rata refund of campaign contribution	34.00
9-6-01	ID# CK# 846	Kim Knight	Pro rata refund of campaign contribution	34.00
9-6-01	ID# CK# 847	Diane McNulty	Pro rata refund of campaign contribution	34.00

SUB-TOTAL \$ 340.00

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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 848	Jim + Elaine Brazelton	Pro rata refund of Campaign contribution	\$ 102 ⁰⁰
9-6-01	ID# CK# 849	Jerry + Nancy Koester	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 850	Marsha Carter	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 851	James R. Bowman	Pro rata refund of Campaign contribution	17 ⁰⁰
9-6-01	ID# CK# 852	Stan + Debbie Hines	Pro rata refund of Campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 853	James R. Bonbow	Pro rata refund of Campaign contribution	170 ⁰⁰
9-6-01	ID# CK# 854	Tami Kusian	Pro rata refund of Campaign contribution	136 ⁰⁰
9-6-01	ID# CK# 855	Tab + Deb Moser	Pro rata refund of Campaign contribution	34 ⁰⁰
SUB-TOTAL				\$ 561 ⁰⁰
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).)

(Addresses are included on Schedule A)

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

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

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
9-6-01	ID# CK# 856	Becky Hannasch	Pro rata refund of campaign contribution	\$ 17. ⁰⁰
9-6-01	ID# CK# 857	Donna Schneiderman	Pro rata refund of campaign contribution	13. ⁶⁰
9-6-01	ID# CK# 858	Jerry Nielsen	Pro rata refund of campaign contribution	340. ⁰⁰
9-6-01	ID# CK# 859	Virgil + Donna De Boer	Pro rata refund of campaign contribution	34. ⁰⁰
9-6-01	ID# CK# 860	Jeff Beisner	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 861	Erwin Erickson	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 862	Deb Resser +	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 863	Jim + Cathy Hunsicutt	Pro rata refund of campaign contribution	34. ⁰⁰
SUB-TOTAL				\$ 642. ⁶⁰
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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

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
9-6-01	ID# CK# 864	Adrian + Fran Wolbrink	Pro rata refund of campaign contribution	\$ 51. ⁰⁰
9-6-01	ID# CK# 865	Dennis Albertson	Pro rata refund of campaign contribution	20. ⁴⁰
9-6-01	ID# CK# 866	Ray Hoffmann	Pro rata refund of campaign contribution	34. ⁰⁰
9-6-01	ID# CK# 867	Marys Gaston	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 868	Dave + Melissa Gouley	Pro rata refund of campaign contribution	20. ⁴⁰
9-6-01	ID# CK# 869	Donna Kruger	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 870	Robert W Williams	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 871	Gary Naylor	Pro rata refund of campaign contribution	17. ⁰⁰

SUB-TOTAL \$ 346.⁸⁰

TOTAL (if last page of this schedule) \$

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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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 872	Randy + Maggie Bengt	Pro rata refund of campaign contribution	\$ 13.60
9-6-01	ID# CK# 873	Steve Dick	Pro rata refund of campaign contribution	17.00
9-6-01	ID# CK# 874	Scott Murray	Pro rata refund of campaign contribution	17.00
9-6-01	ID# CK# 875	Bruce Dimoen	Pro rata refund of campaign contribution	17.00
9-6-01	ID# CK# 876	Ruth H. Hill	Pro rata refund of campaign contribution	51.00
9-6-01	ID# CK# 877	Dave + Annette Campbell	Pro rata refund of campaign contribution	51.00
9-6-01	ID# CK# 878	Greg + Tara Sevarseike	Pro rata refund of campaign contribution	13.60
9-6-01	ID# CK# 879	David + Maggie Vanderkilt	Pro rata refund of campaign contribution	20.40

SUB-TOTAL \$ 200.60

TOTAL (if last page of this schedule) \$

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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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE
B
(Rev. 09/97) MONETARY
EXPENDITURE

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.

CHECK THIS BOX IF AMENDING FORM

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

NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 880	Timothy Anderson	Pro rata refund of campaign contribution	\$ 170 ⁰⁰
9-6-01	ID# CK# 881	Jim Voigt	Pro rata refund of campaign contribution	68 ⁰⁰
9-6-01	ID# CK# 882	Stan + Pat Tunod	Pro rata refund of campaign contribution	68 ⁰⁰
9-6-01	ID# CK# 883	Mark Phillips	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 884	James L. Hankel	Pro rata refund of campaign contribution	20.40
9-6-01	ID# CK# 885	Ron Swanson	Pro rata refund of campaign contribution	17 ⁰⁰
9-6-01	ID# CK# 886	Marvin + Pat Maroun	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 887	LeRoy + JoAnn Handel	Pro rata refund of campaign contribution	51 ⁰⁰

SUB-TOTAL \$ 462.40

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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 888	Gary + Linda Power	Pro rata refund of Campaign contribution	\$ 13. ⁶⁰
9-6-01	ID# CK# 889	Kent + Pam Brandenburg	Pro rata refund of campaign contribution	51 ⁰⁰
9-6-01	ID# CK# 890	David Maske	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 891	Brad + Laurie Simington	Pro rata refund of Campaign contribution	102 ⁰⁰
9-6-01	ID# CK# 892	Mark Johnson	Pro rata refund of Campaign contribution	13. ⁶⁰
9-6-01	ID# CK# 893	Dont + Linda Herman	Pro rata refund of Campaign contribution	51 ⁰⁰
9-6-01	ID# CK# 894	Lori J. Smith	Pro rata refund of Campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 895	Cindy Weber	Pro rata refund of Campaign contribution	68 ⁰⁰

SUB-TOTAL \$ 367.⁶⁰
 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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 896	Suzanne Hamft	Pro rata refund of Campaign Contribution	\$ 51 ⁰⁰
9-6-01	ID# CK# 897	Mark Makkestad	Pro rata refund of Campaign Contribution	34 ⁰⁰
9-6-01	ID# CK# 898	Krista L. Odendehl	Pro rata refund of Campaign Contribution	17 ⁰⁰
9-6-01	ID# CK# 899	Terry Sill	Pro rata refund of Campaign Contribution	17 ⁰⁰
9-6-01	ID# CK# 900	Ted + Sally Baker	Pro rata refund of Campaign Contribution	17 ⁰⁰
9-6-01	ID# CK# 901	Ellen Bergman	Pro rata refund of Campaign Contribution	34 ⁰⁰
9-6-01	ID# CK# 902	Gordon + Karen Harrison 4412 Palm Ave. Des Moines, IA. 50310	Pro rata refund of Campaign Contribution	34 ⁰⁰
9-6-01	ID# CK# 903	Low Michaelson	Pro rata refund of Campaign Contribution	170 ⁰⁰

SUB-TOTAL \$ 374⁰⁰

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).)

(addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 904	Brad + Anne Rempel	Pro rata refund of campaign contribution	\$ 17 ⁰⁰
9-6-01	ID# CK# 905	Tom + Patty Hoffman	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 906	Michelle Meyer	Pro rata refund of campaign contribution	102 ⁰⁰
9-6-01	ID# CK# 907	Al + Jane Eilderts	Pro rata refund of campaign contribution	51 ⁰⁰
9-6-01	ID# CK# 908	Ken Buskohl	Pro rata refund of campaign contribution	51 ⁰⁰
9-6-01	ID# CK# 909	Rick Sibbel	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 910	Terry Peter	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 911	Scott Galenbeck	Pro rata refund of campaign contribution	34 ⁰⁰
SUB-TOTAL				\$ 357 ⁰⁰
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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE

B

(Rev. 09/97)

MONETARY EXPENDITURE

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.

CHECK THIS BOX IF AMENDING FORM

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

NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 912	Larry + Jo Wray	Pro rata refund of campaign contribution	\$ 6. ⁸⁰
9-6-01	ID# CK# 913	Jim + Mariame Chalstrom	Pro rata refund of campaign contribution	34. ⁰⁰
9-6-01	ID# CK# 914	Ken + Betty Ruefer	Pro rata refund of campaign contribution	34. ⁰⁰
9-6-01	ID# CK# 915	Bill + Jeanette Campbell	Pro rata refund of campaign contribution	17. ⁰⁰
9-6-01	ID# CK# 916	Ken Klein	Pro rata refund of campaign contribution	17. ⁰⁰
9-6-01	ID# CK# 917	Jim + Carole Bruns	Pro rata refund of campaign contribution	17. ⁰⁰
9-6-01	ID# CK# 918	Dick + Mary Barnard	Pro rata refund of campaign contribution	68. ⁰⁰
9-6-01	ID# CK# 919	Estate of Ruby Nielsen	Pro rata refund of campaign contribution	136. ⁰⁰

SUB-TOTAL \$ 329.⁸⁰

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).)

(Addresses are included on Schedule A)

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

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

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
9-6-01	ID# CK# 920	Daniel + Cindy Dickey	Pro rata refund of campaign contribution	\$ 170 ⁰⁰
9-6-01	ID# CK# 921	Dave + Ardie Sulphen	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 922	Donald Bailey	Pro rata refund of campaign contribution	17 ⁰⁰
9-6-01	ID# CK# 923	Mel Bakker	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 924	Wendall Abkes	Pro rata refund of campaign contribution	23 ⁸⁰
9-6-01	ID# CK# 925	Bob + Peg Borghum	Pro rata refund of campaign contribution	17 ⁰⁰
9-6-01	ID# CK# 926	Carol Heckman John Heckman	Pro rata refund of campaign contribution	17 ⁰⁰
9-6-01	ID# CK# 927	George + Lois Roose	Pro rata refund of campaign contribution	17 ⁰⁰
SUB-TOTAL				\$ 329 ⁸⁰
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).)

(Addresses are included on Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
<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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 928	Mike + Sharon Jahnke	Pro rata refund of campaign contribution	\$ 20 ⁴⁰
9-6-01	ID# CK# 929	Neal + Arlene Wedeking	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 930	Bill Dix	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 931	Mick + Angie Fiskel	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 932	Russell + Eva Slight	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 933	MIKE CREEDEN	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 934	Ivan + Mary Ackerman	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 935	Hugh M. Field	Pro rata refund of campaign contribution	34 ⁰⁰
SUB-TOTAL				\$ 258 ⁴⁰
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).)

(Addresses are included on Schedule A)

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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 936	Robert Haylock	Pro rata refund of campaign contribution	\$ 34.00
9-6-01	ID# CK# 937	Louise Squires	Pro rata refund of campaign contribution	13.60
9-6-01	ID# CK# 938	Howard + Debbie Huisinga	Pro rata refund of campaign contribution	13.60
9-6-01	ID# CK# 939	Vern + Vera Poppen	Pro rata refund of campaign contribution	6.80
9-6-01	ID# CK# 940	Gregory + Rebecca Lievens	Pro rata refund of campaign contribution	17.00
9-6-01	ID# CK# 941	Ruth Miller	Pro rata refund of campaign contribution	17.00
9-6-01	ID# CK# 942	Kendall + Linda Truax	Pro rata refund of campaign contribution	34.00
9-6-01	ID# CK# 943	Dave + Deb McWhirter	Pro rata refund of campaign contribution	17.00
SUB-TOTAL				\$ 153.00
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).)

(Addresses are included on Schedule A)

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)
NIELSEN FOR AUDITOR COMMITTEE

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
9-6-01	ID# CK# 944	John + Dixie Spain	Pro rata refund of campaign contribution	\$ 34 ⁰⁰
9-6-01	ID# CK# 945	George + Marie Busch	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 946	Wayne + Lavola Rohlwing	Pro rata refund of campaign contribution	34 ⁰⁰
9-6-01	ID# CK# 947	Jerry Jorgensen	Pro rata refund of campaign contribution	17 ⁰⁰
9-6-01	ID# CK#		Pro rata refund of campaign contribution	
9-6-01	ID# CK#		Pro rata refund of campaign contribution	
9-6-01	ID# CK#		Pro rata refund of campaign contribution	
9-6-01	ID# CK#		Pro rata refund of campaign contribution	
SUB-TOTAL				\$ 119 ⁰⁰
TOTAL (if last page of this schedule)				\$ 8718.48

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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(on Statement of Organization)

OR AUDITOR COMMITTEE

Money loaned to the committee which is deposited in the committee account.

FROM LAST REPORTING PERIOD \$ NONE

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

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/YYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
04-23-01	ANDREW E. NIELSEN 217 NE 16th ST ANKENY, IA 50021	SELF	\$ 350.00
9-24-01	ANDREW E. NIELSEN 217 NE 16th ST. ANKENY, IA. 50021	SELF	\$ 350.00

TOTAL (PART I) \$ 700.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYD
08-07-01	ANDREW E. NIELSEN 217 NE 16th St. ANKENY, IA 50021	SELF	\$ 350.00
12-31-01	ANDREW E. NIELSEN 217 NE 16th St. ANKENY, IA 50021	SELF	\$ 350.00

TOTAL CASH REPAYMENTS (PART II) \$ 700.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*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.