

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 05/2002)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1317</u>
Indexed	_____
Audited	_____
Computer	_____

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

**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>Marc T. Beltrame</u>	Political Party <u>Democratic</u>
Office Sought <u>Iowa House of Representatives</u>	District (if Senate or House) <u>61</u>

JUL 19 2002  
HD  
7/19/02  
DATE SIGNED

*Marc Beltrame*  
SIGNATURE OF TREASURER (or person filing this report)

515-953-6143  
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 7/19/02 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.  
(report date) Indicate one  1

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election _____
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.) .....\$ 3,643.44

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	<u>1,780.00</u>
Schedule F: Loans Received total (Attach Schedule F).....	<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....	<u>0.00</u>

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL.....\$** 5,423.44

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ...	<u>1,626.25</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....	_____

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....\$ 3,797.19

**\*\*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).....\$ \_\_\_\_\_

**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)

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

<b>COMMITTEE NAME</b> (Must be same as on Statement of Organization)  <p style="text-align: center;"><b>Citizens for Beltrame</b></p>
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**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
05/22/02	ID# CK#	<b>Tim Brien</b> 3919 Urbandale Ave. Des Moines, IA 50310-4049		\$ 200.00	
05/23/02	ID# 6070 CK# 2597	<b>Iowa Lawpac</b> 521 E. Locust St., Fl. 3rd Des Moines, IA 50309-1939		\$ 700.00	
05/24/02	ID# CK#	<b>Diane Bennett</b> 7056 Hauks Harbor Cir. Bradenton, FL 34207-5860	Paternal Aunt	\$ 300.00	
05/26/02	ID# CK#	<b>Nancy Galeazzi</b> 3613 S.W. 28th St. Des Moines, IA 50321		\$ 50.00	
05/30/02	ID# CK#	<b>Bob Greubel</b> 2391 30th Place Lacona, IA 50139-8513		\$ 25.00	
05/30/02	ID# CK#	<b>Craig Greubel</b> 2391 30th Place Lacona, IA 50139-8513		\$ 25.00	
05/30/02	ID# CK#	<b>Emma Madonia</b> 3722 S.W. 28th St. Place Des Moines, IA 50321		\$ 25.00	
05/30/02	ID# CK#	<b>Gerard Neugent</b> 5000 Westown Pkwy., Ste. 100 West Des Moines, IA 50266		\$ 200.00	
05/30/02	ID# CK#	<b>Nancy Knapp</b> 5221 N.W. 70th Place Johnston, IA 50131-1254		\$ 50.00	
05/30/02	ID# CK#	<b>Thomas Palmer</b> 4090 Westown Pkwy., Ste. E. West Des Moines, IA 50266		\$ 100.00	
SUB-TOTAL				\$ 1,675.00	
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 <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)  <p style="text-align: center;"><b>Citizens for Beltrame</b></p>
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**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
06/04/02	ID# CK#	<b>Robert Bridges</b> 3663 Grand Ave., Apt. 806 Des Moines, IA 50312		\$ 50.00	
06/08/02	ID# CK#	<b>Eric Richard</b> 2731 Hillsboro Ave., #102 New Hope, MN 55427		\$ 30.00	
06/12/02	ID# CK#	<b>Janice Thomas</b> 201 Glenview Des Moines, IA 50312		\$ 25.00	
	ID# CK#				
SUB-TOTAL				\$ 105.00	
<b>TOTAL (if last page of this schedule)</b>				<b>\$1,780.00</b>	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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

<b>SCHEDULE 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)

**Citizens for Beltrame**

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
05/29/02	ID# CK# 1291	Kevin Condon 3409 S.W. 44th Place Des Moines, IA 50321	Reimburse food and drink for Plymouth Place social	\$ 110.95
06/09/02	ID# CK# 1292	Anne Garrison 300 Walnut St., Ste. 5 Des Moines, IA 50309	Reimburse for food, drink, decorations and entertainment - June 4 celebration	\$ 891.00
06/10/02	ID# CK# 1293	Marc Beltrame 3409 S.W. 44th Place Des Moines, IA 50321	Charge for in-kind contribution reversal	\$ 418.92
06/14/02	ID# CK# 1294	Kevin Condon 3409 S.W. 44th Place Des Moines, IA 50321	Reimburse cell bill for campaign phone calls	\$ 55.38
07/05/02	ID# CK# 1295	Troy Skinner 303 Locust Ave. Des Moines, IA 50309	Refund contribution	\$ 150.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,626.25
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 1,626.25</b>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)





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)

**Citizens for Beltrame**

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

**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 0.00

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

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

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

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

**TOTAL (PART I)** \$ 0.00

**TOTAL CASH REPAYMENTS (PART II)** \$ 0.00  
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00  
**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 0.00

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**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

SCHEDULE  
**G**  
(Rev. 02/96)

BREAKDOWN  
OF MONETARY  
EXPENDITURES  
BY CONSULTANT

CHECK THIS BOX IF  
AMENDING FORM

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

**Citizens for Beltrame**

**PART I - NAME AND ADDRESS OF CONSULTANT**

Name of Consultant		
Mailing Address		
City	State	Zip Code

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From _____ To _____	\$ <u>0.00</u>

**ESTIMATES OF PERFORMANCE**


**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)**

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL	\$ 0.00
TOTAL (If last page of this schedule)	\$ 0.00

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

SCHEDULE <b>H</b> (Rev. 02/96)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Citizens for Beltrame

**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT  
TRANSFER TO SUMMARY PAGE) \$ 0.00

If estimated, show **est.** beside figure.

\*\* PROPERTY SALES & TRANSFERS TOTAL  
(TRANSFER TO SUMMARY PAGE) \$ 0.00 TOTALS \$ 0 \$ 0

(Attach Additional Schedules if Needed)