FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM **DR-2** (Rev. 05/2002)	DISCLOSURE REPORT

For Office Use Only
Comm. # 1013
Indexed
Audited
Computer

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

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

(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 _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

JUL 16 2002
h.d

X Frank J. Chiodo
SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

7-16-02
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 _____ REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date)

Indicate one ☐

☐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.) .....$ 6018.29

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 17,750.00

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

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 4450.58

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) .....$ 19,317.71

****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)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

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

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-RAISER INCOME
5/31/02	ID# 9665 CK# 1007	New American Optimist 236 Mass Ave NE suite 602 Boston, Mass 20002		$500.00/100	
5/31/02	ID# 6070 CK# 2608	Iowa Law 521 E Locust Dsm, Ia 50309		200.00/100	
5/31/02	ID# 9657 CK# 1010	Dash-Pac 424 C Street NE Washington DC 20002		500.00/100	
5/31/02	ID# 6027 CK# 1921	Deer Pac 666 Grand Ave Dsm Ia 50309		250.00/100	
7/11/02	ID# 6073 CK# 457	Iowa Medical Committee 1001 Grand Ave WDM, Ia 50265		1500.00/100	✓
7/11/02	ID# 6101 CK# 2209	Motor Carriers P.O. Box 6121 East Dsm Des Moines, Ia 50309		1,000.00/100	✓
7/11/02	ID# 6004 CK# 3879	AGC P.O. Box 757 Dsm, Ia 50303		3,000.00/100	✓
7/11/02	ID# 6125 CK# 1949	Iowa Realtors Pac 1370 NW 114th st #100 Clive, IA 50325		3,000.00/100	✓
7/11/02	ID# 6429 CK# 1578	Heavy Highway Pac 2415 Ingersoll Ave Dsm, Ia 50312		1,000.00/100	✓
7/11/02	ID# 6021 CK# 1478	Credit Union Political 3737 Westown Parkway W. Des Moines, Ia 50265		400.00/100	✓

SUB-TOTAL $ 11,350.00/100

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

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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
7/11/02	ID# 6059 CK# 2211	Automotive Retailers 1111 Office Park Rd WDM, Ia 50265		$750.00/100	✓
7/11/02	ID# 6052 CK# 2562	Independent Insurance 4000 Westown Pky WDM, Ia 50265		$500.00/100	✓
7/11/02	ID# 6096 CK# 1725	Manufactured Housing 1400 Dean Ave DSM, Ia 50316		$500.00/100	✓
7/11/02	ID# 6087 CK# 1163	Iowa Telecommunications 1601 22nd St Suite 209 WDM, Ia 50266		$400.00/100	✓
7/11/02	ID# 6096 CK# 1628	Manufactured Housing 1400 Dean DSM, Ia 50316		$500.00/100	✓
7/11/02	ID# 6113 CK# 2578	AFSCME Council 61 4320 NW 2nd Ave DSM, Ia 50313		500.00/100	✓
7/11/02	ID# 6033 CK# 1787	EMC Co. (Pac) 717 Mulberry St DSM, Ia 50309		100.00/100	✓
7/11/02	ID# CK# 665	Serge Garrison 6812 Northwest DSM, Ia 50322		100.00/100	✓
7/11/02	ID# CK# 3081	Paul KHamvongsA 3717 SW 36th St Des Moines, Ia 50321		100.00/100	✓
7/11/02	ID# CK# 4894	Cal Hultman 1200 57th Street WDM, IA 50266		200.00/100	✓
			SUB-TOTAL	$3650.	
			TOTAL *(if last page of this schedule)*		

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-RAISER INCOME
7/11/02	ID# CK# 1792	Brice Oakley 418 38th Place DSM, Ia 50312		$ 100.00/100	✓
7/11/02	ID# CK# 7475	Mark Douglas 4804 Cedar Drive WDM, Ia 50266		100.00/100	✓
7/11/02	ID# 6486 CK# 1248	Iowa Telecom 115 S 2nd Ave Newton, Ia 50208		250.00/100	✓
7/11/02	ID# CK# 2841	Julie Smith 3917 Hillcrest Drive DSM, Ia 50310		250.00/100	✓
7/11/02	ID# CK# 3632	Richard Thornton 666 Walnut Street DSM, Ia 50309		200.00/100	✓
7/11/02	ID# 6038 CK# 3-50/310	Verizon Good Govt Club 11 Eleventh Ave Grinnell, Ia 50112		250.00/100	✓
7/11/02	ID# CK# 4887	John Ryan III 465 Foster DR Des Moine, Ia 50312		250.00/100	✓
7/11/02	ID# 6027 CK# 1973	Deer PAC 666 Grand Ave DSM, Ia 50309		250.00/100	✓
7/11/02	ID# CK# 3722	Ned F Chiodo 2913 Southern Hills Circle DSM, Ia 50321	Father	600.00/100	
7/11/02	ID# CK#	Marilyn R Chiodo 2913 Southern Hills Circle DSM, Ia 50321	Mother	500.00/100	

SUB-TOTAL 2750.00/100

TOTAL *(if last page of this schedule)* $17,750.00

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SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
☐ 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)*
Chiodo for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE *(Disbursement)* WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-2-02	ID# CK#1095	Sprint PCS 4520 University Ave WDM 50265	Cell Phone	$388.71/100
5-24-02	ID# CK#611	Brian Morlan 1239 Creston DM, 50315	Consultant Fee	500.00/100
6/7/02	ID# CK#	House Truman Fund		2000.00/100
6/13/02	ID# CK#1040	Hy-Vee 1107 SE Army Post DSM, Ia 50315	Stamps for Mailing	168.00/100
6/14/02	ID# CK#1068	Sprint PCS 4520 University Ave WDM, Ia 50265	Cell Phone	213.87/100
7/10/02	ID# CK#1041	Kinleys 5001 Fleur Drive DSM, Ia 50321	4 gift certificates for fund Raiser	100.00/100 100
7/11/02	ID# CK#1042	Tumeys 1501 SE 1st DSM, Ia 50315	4 gift certificates for fund Raiser	80.00/100
7/11/02	ID# CK#1043	A.H. Blank Golf 808 County line Rd DSM, IA 50315	Fund Raiser Expense (Food, Green fees)	1,100.00/100
			SUB-TOTAL	$
			TOTAL *(if last page of this schedule)*	$4450.58/100

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).)