

**FORM DR-2: Disclosure Summary Page**

Status: **Amended**  
 ID #: **1318**

Committee: **Paulsen for State House Committee**

Comm Type: **State House**

Date Due: **07/19/2002**

Report Year: **2002**

Treasurer: **Douglas R Dix**

**Primary Ph. (319)378-5571 Secondary Ph. (-)**

Chair: **Kraig M Paulsen**

**Primary Ph. (319)294-2062 Secondary Ph. (-)**

County: **Linn**

Amended: **3/20/03**

Statutory Due Date	07/19/2002
Adjusted Due Date	/ /
Received Date	07/17/2002
Postmark Date	07/16/2002
Amended	03/20/2003

**Statement of Cash on Hand**

Cash on Hand at Start of Period	<b>\$6,249.81</b>
Schedule A: Cash contributions Total	<b>\$2,672.31</b>
Schedule F: Loans Received Total	<b>\$0.00</b>
Schedule H: Campaign Property Sales	<b>\$0.00</b>
<b>SUB-TOTAL</b>	<b>\$8,922.12</b>
Schedule B: Expenditure Total	<b>\$7,387.65</b>
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	<b>1,534.47</b>

**Additional Assets and Liabilities**

Loans in Place at Start of Period	<b>\$0.00</b>
Schedule D: UnPaid Bills	<b>\$1,066.85</b>
Schedule E: In-Kind Contributions	<b>\$181.00</b>
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	<b>\$0.00</b>
Schedule G: Consultant Breakdown?	<b>No</b>
Schedule H: Campaign Property Value	<b>\$0.00</b>

7001 2510 0007 1279 3248

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM <b>DR-2</b> (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1318
Indexed	3
Audited	224-03
Computer	WRS

COMMITTEE NAME (Must be same as on Statement of Organization)  
Paulsen For State House Committee JUL 17 2002

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 Kraig Paulsen Political Party Republican  
 Office Sought State House District (if Senate or House) 35

[Signature] SIGNATURE OF TREASURER (or person filing this report) 319-294-2062 TELEPHONE 7-15-02 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 July 19 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.)	\$	<u>6384.27</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2672.31</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>—</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>—</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
	SUB-TOTAL.....\$	<u>9056.58</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>s/b 7366.80</u>	<u>7466.80</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>—</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	<u>s/b 1689.78</u>	\$ <u>1589.78</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>1066.85</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>181.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>—</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</u>

For Instructions, See Back of Fo.

**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	

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

*Paulsen for State House 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
5-22-02	ID# CK#	Judith Cowley Serbousek 5770 Country Lane NE Cedar Rapids IA 52411	None	\$ 50.00	
5-22-02	ID# CK#	Harry/Shirley Altizer 2510 1st Ave NE Cedar Rapids, IA 52402	None	30.00	
5-22-02	ID# CK#	John/Sandra Herder 1385 Elmhurst Dr NE Cedar Rapids, IA 52402	None	35.00	
5-31-02	ID# CK#	Steve & Lisa Loesch 5618 Twin Knolls Dr Cedar Rapids IA 52411	None	\$ 100.00	
6-3-02	ID# CK#	Timothy & Janet West 1574 42nd St NE Cedar Rapids, IA 52402	None	\$ 300.00	
5-31-02	ID# CK#	Charles & Ellen Larson 3355 Riverpoint Circle NE Cedar Rapids, IA 52411	None	\$ 50.00	
5-31-02	ID# CK#	Matthew/Jeannine Rissi 1115 M. St. E Hiawatha, IA 52233	None	\$ 100.00	
6-7-02	ID# CK#	Wytke Willey PO Box 2145 Cedar Rapids, IA 52406-2145	None	200.00	
6-28-02	ID# CK#	Robert & Sue B. Latham 356 Park Terrace SE Cedar Rapids, IA 52403	None	500.00	
7-8-02	ID# CK#	Charles Castine 2407 Buckingham Rd NW Apt 212 Cedar Rapids, IA 52405	None	250.00	
SUB-TOTAL				\$ 1615.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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 Fo.

**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	

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

*Paulson For State House 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
7-12-02	ID# 6096 CK#	Manufactured Housing Political Action Comm 1400 Dean Ave Des Moines, IA 50316-3936	None	\$ 250.00	
7-12-02	ID# CK#	Curt Haines PO Box 217 Marion, IA 52302	None	200.00	
5-31-02	ID# CK#	Linn Area CU 3015 Blain's Ferry Rd NE Cedar Rapids, IA 52402 <i>Inkwest</i>	None	6.71	
6-30-02	ID# CK#	Linn Area CU 3015 Blain's Ferry Rd NE Cedar Rapids, IA 52402	None	0.60	
7-12-02	ID# 6027 CK# 1961	<del>XXXXXXXXXX</del> Deere PAC Iowa 666 Grand Ave Suite 1707 Des Moines, IA 50309-2507	None	500.00	
7-13-02	ID# CK#	Gary Junge 10251 Horseshoe Lake Rd Tadouville, IA 52341	None	100.00	
	ID# CK#				

SUB-TOTAL

\$1057.31

**TOTAL (if last page of this schedule)**

\$2672.31

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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

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

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Pardon for State House 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
5-15-02	ID# CK# 1034	Fine Line Printing 1075 Hawkeye Dr Hiawatha IA 52233	Printing charges	\$ 395.38
5-15-02	ID# CK# 1037	Linn News Letter Box A Central City IA 52214	Ad	30.00
5-17-02	ID# CK# 1038	On Screen Plus LLC 2124 North Towne Lane NE Suite A Cedar Rapids, IA 52402	Sign supplies	60.42
5-18-02	ID# CK# 1039	Hiawatha Signal Hiawatha IA 52233	Ad	64.00
5-18-02	ID# CK# 1040	Marcel Kielkuchi 1330 Elmhurst Dr NE Cedar Rapids, IA 52402	Campaign Coordination Duties	250.00
5-15-02	ID# CK# 1033	Hiawatha Signal Hiawatha IA 52233	Ad	64.00
5-15-02 <del>5-15-02</del>	ID# CK# <del>1033</del> <i>Debit Card</i>	Orshelm's 3315 7th Ave Marion, IA 52302	Sign Supplies	20.13
5-22-02	ID# CK# <i>Debit Card</i>	Hiawatha Post Office Hiawatha IA 52233	postage	97.00
SUB-TOTAL				\$ 980.93
TOTAL (if last page of this schedule)				\$

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

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

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

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

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

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*Paulsen For State House 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
5-28-02	ID# CK# <i>Debit Card</i>	<i>Walmart Blair Ferry Rd NE Cedar Rapids, IA 52402</i>	<i>envelopes</i>	<i>\$ 2.75</i>
5-30-02	ID# CK# <i>Debit Card</i>	<i>Hiawatha Post Office Hiawatha, IA 52233</i>	<i>postage</i>	<i>34.00</i>
5-24-02	ID# CK# <i>Debit Card</i>	<i>Copyworks 4837 1<sup>st</sup> Ave SE Cedar Rapids, IA 52402</i>	<i>Copies</i>	<i>10.60</i>
5-28-02	ID# CK# <i>Debit Card</i>	<i>Kinkos 4640 1<sup>st</sup> Ave NE Cedar Rapids, IA 52402</i>	<i>Copies</i>	<i>138.58</i>
5-23-02	ID# CK# <i>1041</i>	<i>Gazette Communications 500 Third Ave SE Cedar Rapids, IA 52406</i>	<i>Direct Mail</i>	<i>544.28</i>
5-24-02	ID# CK# <i>1042</i>	<i>KMRY 1957 Blair Ferry Rd NE Cedar Rapids, IA 52402</i>	<i>Radio Ad</i>	<i>610.50</i>
5-24-02	ID# CK# <i>1043</i>	<i>Linn News Letter Box A Central City IA 52214</i>	<i>Ad</i>	<i>61.88</i>
5-23-02	ID# CK# <i>1044</i>	<i>Hiawatha Signal Hiawatha, IA 52233</i>	<i>Ad</i>	<i>200.00</i>
SUB-TOTAL				<i>\$ 1602.59</i>
<b>TOTAL (if last page of this schedule)</b>				<b>\$</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).)

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

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

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

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

*Purson For State House Committee*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-30-02	ID# CK# 1045	Gazette Communications 500 Third Ave SE Cedar Rapids, IA 52406	Direct Mail	\$ 1153.58
5-31-02	ID# CK# 1046	Marcel Kielkuch 1330 Elmhurst Dr NE Cedar Rapids, IA 52402	Campaign Coordinator Duties	250.00
6-2-02	ID# CK# 1047	Purson Photography Inc. 518 N 2 <sup>nd</sup> St Cherokee IA 51012	Photos	54.06
6-3-02	ID# CK# 1048	Denise Fouts 256 Robinwood Dr Robins, IA 52328	Reimburse for purchase of stamps	21.00
6-4-02	ID# CK# 1049	Godfather's Pizza Blairs Ferry Rd Cedar Rapids IA 52402	Refreshments for Campaign workers	20.67
6-7-02	ID# CK# 1050	Hiawatha Signal Hiawatha IA 52233	Ad	84.00
6-9-02	ID# CK# 1051	Fine Line Printers 1075 Hawkeye Dr Hiawatha, IA 52233	Printers	<del>1308.96</del> 1308.96
6-9-02	ID# CK# 1052	Fine Line 1075 Hawkeye Dr Hiawatha, IA 52233	Printing	239.15
SUB-TOTAL				\$ 3131.42
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**

<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)  
*Panther For State House 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
6-9-02	ID# CK# 1053	Marcel Kielkubi 1330 Elmhurst Dr NE Cedar Rapids, IA 52402	Campaign Administrative fees	\$ 375.00
7-6-02	ID# CK# Debit card	Memo 4601 1st Ave Cedar Rapids, IA 52402	Paint for Signs	64.61
6-10-02	ID# CK# 1054	Linn Newsletter Box A Central City, IA 52233	Ad	30.00
6-15-02	ID# CK# 1055	Lynda Hemken 208 13th Ave Hiawatha, IA 52233	Reimburse for purchase of parade supplies	32.30
6-20-02	ID# CK# 1056	Lynda Hemken 208 13th Ave Hiawatha, IA 52233	Reimburse for purchase of parade supplies	138.80
7-6-02	ID# CK# 1057	Solborg 361 Edgewood Rd NW Cedar Rapids, IA 52405	T-Shirts	469.58
5-31-02	ID# CK# Debit Card	Kinko's 4640 1st Ave NE Cedar Rapids, IA 52402	copies	24.12
5-31-02	ID# CK# Debit Card	<del>USA Post Office</del> US Post Office, Kirkwood Cedar Rapids, IA 52402	postage	136.00
SUB-TOTAL				\$ 1270.41
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).)

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<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)

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
7-12-02	ID# CK# 1058	Jeff King 1601 48th St NE Cedar Rapids, IA 52402	Reimburse for PO Box rent paid	\$ 50.00
7-14-02	ID# CK# 1059	Kraig Paulsen 3506 Blaiso Ferry Rd NE Cedar Rapids, IA 52402	Reimburse for cell phone paid	299.68
7-14-02	ID# CK# Debit Card	Walmart Blaiso Ferry Rd NE Cedar Rapids, IA 52402	Purchase ink cartridge	31.77
	ID# CK#			

slb 381.45 SUB-TOTAL \$ 481.45  
**TOTAL (if last page of this schedule)** \$ 7466.80  
 slb 7366.80

**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).)

Page 6

Date	Expenditure Name	Amount	Status
05/30/2002	Omni Network <i>Relation: N/A</i> 3655 Torrance Blvd, Torrance, CA 90503 (P):(310)-316-9600	\$20.85 check # N/A	Amended

FOR INSTRUCTIONS, SEE BACK OF FORM

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

*Paulsen For State House Committee*

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
7-14-02	KRAIG Paulsen 3506 Blais Ferry Rd NE Cedar Rapids, IA 52402	Reimbursement for mileage owed 3678.8 mi @ .29/mile	\$ 1066.85
SUB-TOTAL			\$ 1066.85
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$ 1066.85

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Paulsen for State House Committee*

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5-31-02	Rick Stickle 500 Stricker Dr NE Cedar Rapids, IA 52403	N/A	Printings	\$ 100.00	
6-4-02	Jim Sattler 3315 Cottage Grove Ave SE Cedar Rapids, IA 52403	N/A	phone use	63.00	
7-1-02	Jeff / Kim King 1401 48th St NE Cedar Rapids, IA 52402	Sister & Brother-in-Law	partial PO Box Rent	18.00	

SUB-TOTAL \$ 181.00

TOTAL (if last page of this schedule) \$ 181.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Paulsen For State House Committee*

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

Name of Consultant <i>Marcel Rielkucki</i>		
Mailing Address <i>1330 Elmhurst Dr NE</i>		
City <i>Cedar Rapids,</i>	State <i>IA</i>	Zip Code <i>52402</i>

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <i>3-25-2002</i>	\$ <i>1500.00</i>
To <i>6-5-2002</i>	

**ESTIMATES OF PERFORMANCE**

*Coordinate volunteers*

---



---



---



---

**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	\$
TOTAL (If last page of this schedule)	\$

**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)  
*Paulsen For State House Committee*

**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
12-15-01	yard sign wires	100.00	0.00
4-29-02	yard sign wires	241.68	0.00
5-9-02	yard sign wires	120.84	0.00

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

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

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

(Attach Additional Schedules if Needed)