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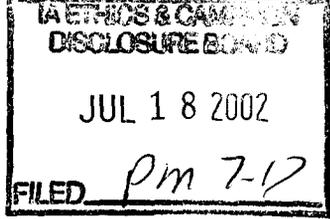
FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Randall for Iowa House
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

FORM DR-2 DISCLOSURE REPORT
(Rev. 01/2001)
For Office Use Only
Comm. # 1453
Indexed
Audited
Computer

CANDIDATE COMMITTEES ONLY:
Candidate Name Jeannette Randall Political Party Democrat
Office Sought Representative District (if Senate or House) 23



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 7-14-02 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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$2033.15), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 4930.00, Schedule F: , Schedule H:), SUB-TOTAL (\$6963.15), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 1306.87, Schedule F:), CASH ON HAND at the end of this reporting period (\$5656.28).

Table with columns for description and amount. Rows include: **UNPAID BILLS (\$637.06), **IN KIND CONTRIBUTIONS (\$8201), **OUTSTANDING LOANS (\$).

CANDIDATE COMMITTEES ONLY:
CONSULTANT BREAKDOWN (Schedule G Attached?) YES X 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
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Randall for IA House

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# CK# 2777	Gerald Dunne 215 Easy St Wintthrop IA 50682		\$ 25 ⁰⁰	
5-31-02	ID# CK# 5334	Gene Kornfeld 1614 Allison St NW Wash DC 20011 4214		100 ⁰⁰	
5-31-02	ID# CK# 7732	Dorothy Smith 600 4th Ave NE Independence IA 50644		25 ⁰⁰	
5-31-02	ID# CK# 51665	Wm Huey 314 6th Ave SW Independence IA 50644		50 ⁰⁰	
5-31-02	ID# CK# 3871	Kathy Wheeler 3277 Riverwalk Dr Nashville TN 37214		50 ⁰⁰	
5-29-02	ID# CK# 4325	Phyllis Kentz 605 Union St Aurora IA 50107		25 ⁰⁰	
5-29-02	ID# CK# 7213	Bonita Daws 207 Allerton Ave SW Independence IA 50644		50 ⁰⁰	
5-29-02	ID# CK# 7988	Susan Barker 314 2nd St SW Independence IA 50644		50 ⁰⁰	
6-8-02	ID# CK#	Carol Stanley 4556 Belita Ln La Canada CA 91011	Cousin	40 ⁰⁰	
6-9-02	ID# CK# 2943	David Larson PO Box 164 Independence IA 50644		25 ⁰⁰	
SUB-TOTAL				\$ 440 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)

Randall for IA House

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
6-9-02	ID# CK# 3709	Dorothy Malek 415 5th St SW Independence IA 50644		\$ 2500	
6-9-02	ID# CK# 2379	Katharine Kuck 113 E 1st Independence IA 50644		50 ⁰⁰	
6-9-02	ID# CK# 1292	Marty Dodge 307 Terrace Dr Independence IA 50644		50 ⁰⁰	
6-9-02	ID# CK# 7855	Eugene Hancock 310 5th Av SE Independence IA 50644		50 ⁰⁰	
6-9-02	ID# CK# 7577	Richard Watkins 404 4th Av SW Independence IA 50644		50 ⁰⁰	
6-10-02	ID# CK#	Dorothy Burkhart 1065 Gulf Shore Blvd N. 202 Naples FL 34102 5300		2500	
6-9-02	ID# CK#	Helen McConnell 1127 7th Av SE Independence IA 50644		10 ⁰⁰	
6-18-02	ID# CK#	Heath Shellhorne 700 1st St Benecoa CA 94510		100 ⁰⁰	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 360⁰⁰

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)
Randall for IA House

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
6-18-02	ID# CK#	David Tammel 405 Ridgeway Dr Independence		\$ 50 ⁰⁰	
6-28	ID# CK#	R & Stuerman 309 14th Ave NE Independence		100 ⁰⁰	
6-28	ID# CK#	R J Elliott 7508 3rd St Downey CA 90241		30 ⁰⁰	
6-28	ID# CK#	Andra Attelberry 1034 Sherman Av Manchester IA 52057		100 ⁰⁰	
6-29	ID# CK#	Mike Kuffner PO Box 289 Independence		50 ⁰⁰	
6-29	ID# CK#	Janice Short 3036 270th St Winthrop IA 50682		100 ⁰⁰	
6-30	ID# CK#	Rudolph Leytze 2575 Michel Av Independence IA 50644		100 ⁰⁰	
7-1	ID# CK#	Democrat Central Comm 3357 Jamestown Av Independence IA 50644		500 ⁰⁰	
7-1	ID# CK#	William Hickey 314 6th Av SW Independence IA 50644		50 ⁰⁰	
7-3	ID# CK#	Blaine Hughes 112 1/2 W 250th Av Ottumwa IA 52501		100 ⁰⁰	

SUB-TOTAL

\$ 1180⁰⁰

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)
Randall for IA House

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
7-3-02	ID# CK#	Mayorie Head 1609 118 2nd Ct Ft Lauderdale FL 33301		\$ 100 ⁰⁰	
7-7	ID# CK#	Mary Kay Johnson 403 3rd av SE Independence IA 50644		5 ⁰⁰	
7-7	ID# CK#	Pam Jochem 2368 Jackson St Dubuque IA 52001		10 ⁰⁰	
7-7	ID# CK#	Patricia Harper 3336 Santa Maria Dr Waterloo IA 50702		25 ⁰⁰	
7-7	ID# CK#	Gary Waters 1586 260th SW Independence IA 25 ⁰⁰		25 ⁰⁰	
7-7	ID# CK#	Pam Jochem 2368 Jackson St Dubuque IA 52001		25 ⁰⁰	
7-7	ID# CK#	Mary Mascher 40 Lynn Ct Jowa City 52246		25 ⁰⁰	
7-7	ID# CK#	Cheryl Hand 235 Terrace Dr Independence IA 50644		25 ⁰⁰	
7-7	ID# CK#	Joan Zimmer 501 2nd av NE Independence IA 50644		25 ⁰⁰	
7-7	ID# CK#	Max Brewer 2945 King Av Rowley IA 52329		25 ⁰⁰	

SUB-TOTAL

\$ 290⁰⁰

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)
Randall for IA House

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
7-7-02	ID# CK#	R & Myers 9 Woodland Hts Jawa City IA 52240		\$ 100 ⁰⁰	
7-7-02	ID# CK#	Linda Helt 3042 Jamestown Av Rowley		100 ⁰⁰	
7-7-02	ID# CK#	Pass the Hat		50 ⁰⁰	✓
7-8-02	ID# CK#	Heartland Dist Council of Carpenters 218 1st Av Sterling IL 61081		1000 ⁰⁰	
7-9-02	ID# CK#	Steve Doan 506 2nd Av SW Independence IA 50644		25 ⁰⁰	
7-9-02	ID# CK#	Jacquelyn McTaggart 128 14th Av NE Independence IA 50644		20 ⁰⁰	
7-9	ID# CK#	Rob Robinson 2016 Jamestown Av Independence IA 50644		25 ⁰⁰	
7-9	ID# CK#	James Kremer 1455 Slater Av Aurora IA 50607		15 ⁰⁰	
7-9	ID# CK#	Ruth Hearn 825 3rd Av SE Independence IA 50644		25 ⁰⁰	
7-9	ID# CK#	Patty Petersen 2645 6 Quasqueton Diag Blvd Independence IA 50644		50 ⁰⁰	
SUB-TOTAL				\$ 1410⁰⁰	
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)
Randall for IA House

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
7-10-02	ID# CK#	Wayne Seward 911 9th Ave SW Independence IA 50644		\$ 25 ⁰⁰	
7-10-02	ID# CK#	John Muench 1375 Olympic Av Aurora IA 50607		25.00	
7-10	ID# CK#	Linda Hearn 405 17th Ave NW Independence IA 50644		25 ⁰⁰	
7-10	ID# CK#	Ellen Marie McGrath 2nd Ave NE Independence IA 50644		10 ⁰⁰	
7-10	ID# CK#	Pasopthe Hat		70 ⁰⁰	✓
7-10	ID# CK#	Key Cole 1615 1st St E Independence IA 50644		200 ⁰⁰	
7-10	ID# CK#	Anne Lesnet 309 W 2nd Muscatine IA 52761		75 ⁰⁰	
7-10	ID# CK#	James Toale 1305 2nd Ct NE Independence IA 50644		25.00	
7-10	ID# CK#	Tim Leonard 517 2nd Ave SE Independence IA 50644		25 ⁰⁰	
7-10	ID# CK#	Bernita Mulford 3432 H Av Aurora IA 50607		10 ⁰⁰	
SUB-TOTAL				\$ 490 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)

Randaed for IA House

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/YY)	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
7-10-02	ID# CK#	Bruce Mahoney 1112 4th St NE Independence IA 50644		\$ 500	
7-10-02	ID# CK#	Mike Puff 123 9th Av SE Delmar IA 50607		30 ⁰⁰	
7-10-02	ID# CK#	John Terry 606 2nd NW Independence IA		20 ⁰⁰	
7-11	ID# CK#	Dale Stupp 809 8th St NW Independence IA		10 ⁰⁰	
7-11	ID# CK#	Betty Fuller 315 2nd Av SW Independence		10 ⁰⁰	
7-11	ID# CK#	Rosemary Millard 714 4th Av SW Independence		15 ⁰⁰	
7-11	ID# CK#	Curt O'Doughlin 1714 Otterville Blvd Independence IA 50644		100 ⁰⁰	
7-11	ID# CK#	Debra Rosen 6820 Delmar St Louis MO 63130		50 ⁰⁰	
7-11	ID# CK#	Charlotte Enabnit 2295 Racine Av Independence		15 ⁰⁰	
7-13-02	ID# CK#	Damp Price 1739 Ind Av Independence		25	
SUB-TOTAL				\$ 280 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)
Randall for IA House

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
7-13	ID# CK#	Ralph Kramer 1498 Pine Creek Av Aurora IA 50601		\$ 25 ⁰⁰	
7-13	ID# CK#	James Frazer 523 W Chas Delwan IA 50662		10 ⁰⁰	
7-13	ID# CK#	James E. Hindeman 1941 NE 59th Ct 7E Janderdale FL 33308		50 ⁰⁰	
7-13	ID# CK#	Elizabeth Kulgard 2184 Double L Dr Independence IA 50644		25 ⁰⁰	
7-13	ID# CK#	Robert Terippe 308 1st St E Independence IA 50644		20 ⁰⁰	
7-13	ID# CK#	Laree Randall 804 7th Av NW Independence IA 50644	Sister	50 ⁰⁰	
7-13	ID# CK#	Steve Falck 10736 10th St Stanley IA 50671		150 ⁰⁰	
7-13	ID# CK#	Joan Amick 1219 E Chas Delwan IA 50662		25 ⁰⁰	
7-13	ID# CK#	Tom Cottrell 206 4th St SW Independence IA 50644		20 ⁰⁰	
7-13	ID# CK#	John Donnelly 203 7th SW Independence IA 50644		10 ⁰⁰	

SUB-TOTAL

\$ 385⁰⁰

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)

Randall for IA House

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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
7-10-02	ID# CK#	Mawel Denise 509 3 Av SW Independence IA 50644		\$ 50 ⁰⁰	
7-11	ID# CK#	Deborah Cuddy 912 6th St SW Independence IA 50644		25	
7-11-02	ID# CK#	Ronald Muehler 1412 230th St Independence IA 50644		10 ⁰⁰	
7-11-02	ID# CK#	Pass the Hat		10 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 95⁰⁰

TOTAL (if last page of this schedule)

\$ 4930⁰⁰

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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)
Randall for IA House

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
6-14-02	ID# CK#	Carter Printing 1739 E Grand Av Des Moines IA 50316	500 yard signs	\$ 1488 ²⁴
6-14-02	ID# CK#	Bulletin Journal P O Box 511 Delwan IA 50644	advertisement newspaper	11.03
6-14-02	ID# CK#	Radio Shack 206 1st E Independence IA 50644	deposit stamp for checks	2363
6-18-02	ID# CK#	Refund Bankers Advsit P O Box 2687 Iowa City IA 52244	cancelled note pad order due to incorrect order	+ 216 ⁰³
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 1306.87

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Randall for Iowa House

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

**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*
5/3/02	Jeanette Randall PO Box 65 Independence IA 50644	postage	\$ 68.00
5-7	Jeanette Randall	postage	102.00
5-7	Jeanette Randall	Labels for mailing	4.16
5/5		envelopes	21.60
5/3		postage	34.00
5/2		envelopes	73.5
6/21		film develop for advertisements	39.33
SUB-TOTAL			\$ 276.44
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*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)
Randall for Iowa House

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

SCHEDULE D (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*
7/1/02	<i>Jeanette Randall P O Box 65 Independence IA 50644</i>	<i>postage</i>	<i>\$ 57.01</i>
7/1		<i>envelopes</i>	<i>3.85</i>
7/11		<i>envelopes</i>	<i>3.76</i>
6/10		<i>stamps</i>	<i>6.80</i>
7/30		<i>stamps</i>	<i>18.30</i>
6/15		<i>T shirts for parades</i>	<i>16.30</i>
7/01	<i>✓</i>	<i>Internet Service</i>	<i>39.95</i>
SUB-TOTAL			<i>\$ 145.97</i>
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			<i>\$</i>

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

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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)
 Randall for IA House

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
6-8-02	Cheryl Hanna 403 2nd St SW Independence IA 50644		wine x 2	\$ 22.12	✓
6-8	Cheryl Hanna		food for fundraiser	12.99	✓
7-7	Laree Randall 804 7th Ave NW Independence IA 50644	Sister	door prize	30 ⁰⁰	✓
7-7	Laree Randall	"	Napkins	7 ⁹⁵	✓
7-7	Laree Randall	"	Raspberry Jell	6 ⁷⁵	✓
7-7	Laree Randall	"	Paper plates	3 ⁰⁰	✓

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 82.81

*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.