

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

JUL 19 2002

HO

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>6001</u>	
Indexed <u>SW</u>	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
ALLIED GROUP INC POLITICAL ACTION CMTE

IMPORTANT: Indicate type of committee you are reporting for: 2

(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

Randall J. Khan 280-4850 7-19-02
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 JUL 19, 2002 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 the first report filed.) \$ 11,373.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 2,044.50

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees only)

SUB-TOTAL \$ 2,044.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 100.00

Schedule F: Loan Repayments total (Attach Schedule F) 0.00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 13,317.50

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0.00

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0.00

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.00

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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
05/31/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
06/14/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
06/28/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
07/12/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
05/31/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
06/14/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
06/28/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
07/12/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
SUB-TOTAL				\$ 105.00	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

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COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
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05/17/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
05/31/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
06/14/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
06/28/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
07/12/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
05/17/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
05/31/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
06/14/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
06/28/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
07/12/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
SUB-TOTAL				\$ 62.50	
TOTAL (if last page of this schedule)				\$	

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
05/31/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
06/14/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
06/28/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
07/12/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
SUB-TOTAL				\$ 55.00	
TOTAL (if last page of this schedule)				\$	

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05/17/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
05/31/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
06/14/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
06/28/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
07/12/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 20.00	
TOTAL (if last page of this schedule)				\$	

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05/17/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
05/31/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
06/14/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
06/28/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
07/12/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 105.00	
TOTAL (if last page of this schedule)				\$	

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05/17/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
05/31/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
06/14/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
06/28/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
07/12/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
05/17/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
05/31/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
06/14/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
06/28/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
07/12/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
SUB-TOTAL				\$ 70.00	
TOTAL (if last page of this schedule)				\$	

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05/17/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
05/31/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
06/14/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
06/28/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
07/12/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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ALLIED GROUP INC POLITICAL ACTION CMTE

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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
05/17/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
05/31/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
06/14/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
06/28/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
07/12/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 30.00	
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 relative) 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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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
05/17/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
05/31/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
06/14/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
06/28/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
07/12/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 30.00	
TOTAL (if last page of this schedule)				\$	

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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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/17/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
05/31/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
06/14/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
06/28/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
07/12/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
05/17/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
05/31/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
06/14/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
06/28/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
07/12/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
SUB-TOTAL				\$ 125.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
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05/17/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
05/31/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
06/14/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
06/28/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
07/12/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
05/17/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
05/31/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
06/14/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
06/28/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
07/12/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
05/17/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
05/31/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
06/14/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
06/28/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
07/12/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
SUB-TOTAL				\$ 65.00	
TOTAL (if last page of this schedule)				\$	

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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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
05/17/02	ID# CK#	Unitemized Receipt		0.50	
05/31/02	ID# CK#	Unitemized Receipt		0.50	
06/14/02	ID# CK#	Unitemized Receipt		0.50	
06/28/02	ID# CK#	Unitemized Receipt		0.50	
07/12/02	ID# CK#	Unitemized Receipt		0.50	
05/17/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
05/31/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
06/14/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
06/28/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
07/12/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
SUB-TOTAL				\$ 195.00	
TOTAL (if last page of this schedule)				\$	

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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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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05/17/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
05/31/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
06/14/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
06/28/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
07/12/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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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
05/17/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
05/31/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
06/14/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
06/28/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
07/12/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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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)*

ALLIED GROUP INC POLITICAL ACTION CMTE

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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
05/31/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
06/14/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
06/28/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
07/12/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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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
05/17/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
05/31/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
06/14/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
06/28/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
07/12/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 130.00	
TOTAL (if last page of this schedule)				\$	

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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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
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05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
05/31/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
06/14/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
06/28/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
07/12/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
SUB-TOTAL				\$ 15.00	
TOTAL (if last page of this schedule)				\$	

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(including candidate's personal funds)

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

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
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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.

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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
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
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 relative) 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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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
05/17/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
05/31/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
06/14/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
06/28/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
07/12/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
05/17/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
05/31/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
06/14/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
06/28/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
07/12/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
SUB-TOTAL				\$ 90.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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
05/17/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
05/31/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
06/14/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
06/28/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
07/12/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
05/17/02	ID# CK#	Mary R Ortmann 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
05/31/02	ID# CK#	Mary R Ortmann 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
06/14/02	ID# CK#	Mary R Ortmann 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
06/28/02	ID# CK#	Mary R Ortmann 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
07/12/02	ID# CK#	Mary R Ortmann 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
SUB-TOTAL				\$ 35.00	
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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/17/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
05/31/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
06/14/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
06/28/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
07/12/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
05/17/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
05/31/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
06/14/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
06/28/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
07/12/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
SUB-TOTAL				\$ 125.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/17/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
05/31/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
06/14/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
06/28/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
07/12/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 55.00	
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
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COMMITTEE NAME *(Must be same as on Statement of Organization)*

ALLIED GROUP INC POLITICAL ACTION CMTE

CHECK THIS BOX IF AMENDING FORM

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
05/17/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
05/31/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
06/14/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
06/28/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
07/12/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
05/17/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
05/31/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
06/14/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
06/28/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
07/12/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
SUB-TOTAL				\$ 60.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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
05/17/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
05/31/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
06/14/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
06/28/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
07/12/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 192.50

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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/17/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
05/31/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
06/14/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
06/28/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
07/12/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
05/17/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
05/31/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
06/14/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
06/28/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
07/12/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	

SUB-TOTAL	\$ 87.50
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/17/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
05/31/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
06/14/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
06/28/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
07/12/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
05/17/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
05/31/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
06/14/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
06/28/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
07/12/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
SUB-TOTAL				\$ 45.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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
05/17/02	ID# CK#	Unitemized Receipt		2.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 11.00	
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
--------------------------------------	----------------------

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
05/31/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
06/14/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
06/28/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
07/12/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
05/17/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
05/31/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
06/14/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
06/28/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
SUB-TOTAL				\$ 51.00	
TOTAL (if last page of this schedule)				\$	

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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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
07/12/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
05/17/02	ID# CK#	Unitemized Receipt		3.00	
05/31/02	ID# CK#	Unitemized Receipt		3.00	
06/14/02	ID# CK#	Unitemized Receipt		3.00	
06/28/02	ID# CK#	Unitemized Receipt		3.00	
07/12/02	ID# CK#	Unitemized Receipt		3.00	
05/17/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
05/31/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
06/14/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
06/28/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
SUB-TOTAL				\$ 41.00	
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 relative) 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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CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
07/12/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
05/17/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
05/31/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
06/14/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
06/28/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
07/12/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
05/17/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
05/31/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
06/14/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
06/28/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	

SUB-TOTAL \$ 45.00

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
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CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
07/12/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
05/17/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
05/31/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
06/14/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
06/28/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
07/12/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
05/17/02	ID# CK#	Unitemized Receipt		5.00	
05/31/02	ID# CK#	Unitemized Receipt		5.00	
06/14/02	ID# CK#	Unitemized Receipt		5.00	
06/28/02	ID# CK#	Unitemized Receipt		5.00	
SUB-TOTAL				\$ 39.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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
07/12/02	ID# CK#	Unitemized Receipt		5.00	
05/17/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
05/31/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
06/14/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
06/28/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
07/12/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 34.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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
07/12/02	ID# CK#	Unitemized Receipt		1.00	
05/17/02	ID# CK#	Unitemized Receipt		1.00	
05/31/02	ID# CK#	Unitemized Receipt		1.00	
06/14/02	ID# CK#	Unitemized Receipt		1.00	
06/28/02	ID# CK#	Unitemized Receipt		1.00	
07/12/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 6.00	
TOTAL (if last page of this schedule)				\$ 2,044.50	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/10/02	ID# CK# 02177	Citizens for Bill Fink Bill Fink 379 S-23 Highway Carlisle, Ia 50047	State Senate General 2002/ia037 PAC Disbursement to Political Committee	100.00
SUB-TOTAL				\$ 100.00
TOTAL <i>(if last page of this schedule)</i>				\$ 100.00

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).)