FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

JUL 15 2002

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

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

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

For Office Use Only
Comm. # 9659
Indexed
Audited
Computer

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

SIGNATURE OF TREASURER (or person filing this report) — **TELEPHONE** 515-235-0436 — **DATE SIGNED** 7-15-02

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate one

☐ CHECK IF AMENDMENT TO REPORT DATED _____

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

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ..... $ 3,697.97

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 10,200.00

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

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....$ 13,897.97

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 1,500.00

Schedule F: Loan Repayments total (Attach Schedule F) ..... —

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 12,397.97

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ —

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ —

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ —

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES X NO

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

For Instructions, See Back of Form

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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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
	ID# CK#	See attached		$	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 10,200	
			TOTAL ***(if last page of this schedule)***	$ 10,200	

* 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.

Federation of Iowa Insurers PAC
Contributions-Money Taken In

Date Received	(if applicable) PAC ID #	and PAC Check #	Contibutor's Name	Contributor's Mailing Address	Contributor's City	Contributor's State	Contributor's Zip Code	(if applicable) Relationship to Candidate	Amount Received	Check if for fund-raiser income
12-Jun	6451	1082	Guideone PAC	1111 Ashworth Road	West Des Moines	IA	50265	None	$500.00	No
18-Jun	6159	1046	Amerus Group PAC	611 Fifth Avenue	Des Moines	IA	50309	None	$4,000.00	No
1-Jul	None/Federal	1046	FBL Financial Group, Inc. PAC	5400 University Avenue	West Des Moines	IA	50266-5997	None	$4,000.00	No
10-Jul	NA	3758	George A. Wilson, III	420-44th Street	Des Moines	IA	50312	None	$300.00	No
10-Jul	NA	6874	Graham J. Cook	3124 Druid Hill Drive	Des Moines	IA	50315	None	$300.00	No
10-Jul	NA	6666	Glen R. Hare	6625 Monticello Court	Johnston	IA	50131	None	$250.00	No
10-Jul	NA	2123	David Thomas	2141 Grand Avenue	Des Moines	IA	50312	None	$200.00	No
10-Jul	NA	5011	Judy Ralston-Hansen	13212 Rocklyn Circle	Urbandale	IA	50322	None	$200.00	No
10-Jul	NA	2210	Wayne Huegerich	113 NE Bel Aire	Ankeny	IA	50021	None	$150.00	No
10-Jul	NA	6063	Tom Heuer	1004 43rd Street	Des Moines	IA	50311	None	$150.00	No
10-Jul	NA	7212	Tom Buckhouse	2805 68th Street	Urbandale	IA	50322	None	$100.00	No
10-Jul	NA	7965	Joyce Wisgerhof	4711-105th Court	Urbandale	IA	50322	None	$25.00	No
10-Jul	NA	5241	Karen King	604 NW Norton Court	Grimes	IA	50111	None	$25.00	No
									$10,200.00	

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

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
	ID# CK#	See attached		$
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 1,500
			TOTAL (*if last page of this schedule*)	$ 1,500

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 Schedule B)

Federation of Iowa Insurers PAC
Expenditures-Money Spent

Date Paid	(if applicable) Candidate ID Number	and PAC Check #	Name to Whom Expenditure Was Made	Address to Whom Expenditure Was Made	City	State	Zip Code	Purpose (Describe)	Amont Expended
5/23/2002	703	1001	Committee to Elect McCoy	3207 S.W. 9th Street	Des Moines	IA	50315	Contribution	$500.00
5/23/2002	9098	1002	Senate Truman Fund	5661 Fleur Drive	Des Moines	IA	50321	Contribution	$1,000.00
									$1,500.00