

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

IA ETHICS & CAMPAIGN  
DISCLOSURE BOARD

JUL 17 2002

FILED *LAD*

FORM <b>DR-2</b> Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<i>4067</i>
Indexed	<i>SW</i>
Audited	_____
Computer	_____

COMMITTEE NAME (Must be same as on Statement of Organization)  
Iowa Health Political Action Committee

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 State of Candidates

*[Signature]* Steve Ackerson 515/327-5020 7/17/02  
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 July 19, 2002 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.) .....\$ 4877.31

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A)..... 6918.00

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.....\$ 11795.31**

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B)..... 4742.79

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) .....\$ 7052.52

UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$ \_\_\_\_\_

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

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ \_\_\_\_\_

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

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

FOR INSTRUCTIONS, SEE BACK OF FORM

**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.

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Iowa Health Political Action 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
5-20-02	ID# 1114 CK# 2812	Hoffman for Iowa House 869 So. 5th St. Charter Oak, IA 51439	contribution	\$ 200.00
5-21-02	ID# CK# 2813	Carol's Printing & Office Supply 3120 47th St. Des Moines, IA 50310	Stationery & Envelopes	525.23
5-23-02	ID# CK# 2814	Iowa Health Care Assoc. 6750 Westown Parkway West Des Moines, IA 50266	Postage	164.56
6-3-02	ID# 931 CK# 2815	Iverson for Senate 3020 Dows-Williams Rd. Dows, IA 50071	contribution	500.00
6-5-02	ID# 997 CK# 2816	Friends for Dix Box 220 Shell Rock, IA 50670	contribution	200.00
6-17-02	ID# 1336 CK# 2817	Ragan for Senate 20 Granite Ct. Mason City, IA 50401	contribution	150.00
6-25-02	ID# 806 CK# 2818	Brunkhorst for Senate 419 3rd Avenue Sw Waverly, IA 50677	contribution	200.00
6-25-02	ID# 1342 CK# 2819	Reeder Campaign 124 13th Avenue NE Oelwein, IA 50662	contribution	100.00
SUB-TOTAL				\$ 2039.79
<b>TOTAL (if last page of this schedule)</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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**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)

Iowa Health Political Action 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
7-8-02	ID# 1395 CK# 2820	Davitt for House 611 W. Ashland Indianola, IA 50125	contribution	\$150.00
7-12-02	ID# 5076 CK# 2821	Iowans for Vilsack/Pederson Box 958 Des Moines, IA 50304	contribution	2500.00
May 2002 30,	ID# CK#	West Des Moines State Bank West Des Moines, IA 50265	Bank Charges	53.00
	ID# CK#			
SUB-TOTAL				\$
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 4742.79</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).)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

Iowa Health Political Action 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
5-29-02	ID# CK#	Jeffrey staggerda 2175 NW 86th St., #11 Clive, IA 50325		\$ 1500.00	
5-29-02	ID# CK#	Kenneth Opp 4726 94th St. Urbandale, IA 50322		200.00	
5-29-02	ID# CK#	Dion Schrack 2030 Reed St. Grinnell, IA 50112		195.00	
6-28-02	ID# CK#	Gerald Bruening 2220 145th St. Fort Dodge, IA 50501		250.00	
	ID# CK#	Jean Lucht 215 Denison Beach Rd. Lake View, IA 51450		150.00	
	ID# CK#	Charles Pleak Box 316 Oakland, IA 51560		167.50	
	ID# CK#	Sandra Terveer 802 Riverview Sioux Rapids, IA 50585		200.00	
	ID# CK#	Mary Jane Venteicher 1207 Oak Guthrie Center, IA 50115		160.00	
	ID# CK#	Craig Ver Huel 2513 Ridgeway Ct. Ankeny, IA 50021		1000.00	
	ID# CK#	Michael Steinkruger 1000 N.Miller West Liberty, IA 52776		370.00	
SUB-TOTAL				\$4192.50	
<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 Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

Iowa Health Political Action 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
6-28-02	ID# CK#	Robert Hinz Box 547 Mt. Ayr, IA 50854		\$ 162.50	
7-12-02	ID# CK#	Richard Hinson 4212 Cherrywood Ct. West Des Moines, IA 50265		250.00	
	ID# CK#	Kathleen Wilson-Gold 19008 Saddle River Dr. Edmund, OK 73003		500.00	
	ID# CK#	Thomas Juckette 1510 NW 86th St. Des Moines, IA 50325		1500.00	
	ID# CK#	Jeff Southard 126 30th St. Des Moines, IA 50312		230.00	
	ID# CK#	Connie Ferrell 2096 155th St. Fairfield, IA 52556		30.00	
	ID# CK#	Molly Beinhart 1360 190th St. Keota, IA 52248		26.50	
	ID# CK#	John M. Klein 1744 Keokuk-Wash. Road Keota, IA 52248		26.50	
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$	
<b>TOTAL (if last page of this schedule)</b>				\$ 6918.00	

\* 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.