

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

IMPORTANT: Indicate type of committee you are reporting for: **3**

(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

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9204
Indexed	
Filed	
Computer	

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (If Senate or House) _____

[Signature] **(319) 685-4270** **07/27/02**
 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 7/19/02 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

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

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.)

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.) \$ 1673.25

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1859.28

Schedule F: Loans Received total (Attach Schedule F) 1584.00

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 5116.53

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1587.39

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) \$ \$3529.14

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 143.97

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

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 1584.00

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

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)
IOWA GREEN PARTY

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
06/05/02	ID# MAY CK# 0501626	State of Iowa, dept. of revenue + finance, Hoover State office building, Des Moines IA 50319		\$ 931.11	
06/05/02	ID# APRIL CK# 04599976	State of Iowa, dept. of revenue + finance, Hoover State office bldg, De Moines, IA, 50319		875.17	
06/05/02	ID# CK# 1059	Sondra Randolph P.O. Box 10171 Iowa City, IA. 52240		12.-	
06/05/02	ID# CK# 1689	Cathy Livingston 39 River Ridge Road Cedar Falls, IA. 50613		15.-	
06/05/02	ID# CK# 8946	Jim Walters 1033 E. Washington St. Iowa City, IA. 52240		26.-	
	ID# CK#				

SUB-TOTAL **\$1859.28**
 TOTAL (if last page of this schedule) **\$1859.28**

* 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

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)
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DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/21/02	ID# CK#	bank charges Farmers Trust + Savings	acc't # 398020 4/17/02 - 5/21/02	\$ 2.16
6/18/02	ID# CK#	bank charges Farmers Trust + Savings	acc't. # 398020 5/22/02 - 6/18/02	2.06
7/1/02	ID# CK#	Cant. Newspaper Assoc 319 E. 5th St. Des Moines, Ia. 50309	caucus notices final payment	1583.17
	ID# CK#			
SUB-TOTAL				\$ 1587.39
TOTAL (if last page of this schedule)				\$ 1587.39

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).)

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

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*
3/31/02- 7/14/02	Zephyr Copies 124 E. Washington St. Iowa City, IA 52240		\$ 143.97

SUB-TOTAL \$ **143.97**

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$ **143.97**

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

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(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

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SCHEDULE F (Rev. 06/96)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E - in-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
6/27/02	Holly Hart P.O. Box 2448 Jowa City, IA. 52244		\$ 1584.-

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$ 0.00

TOTAL (PART I) \$ 1584.-

TOTAL CASH REPAYMENTS (PART II) \$ 0.00

From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1584.-

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