

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1404</u>
Indexed	<u>W</u>
Audited	
Computer	<u>WRS</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
Sidney Baker for State Representative Committee

IMPORTANT: Indicate type of committee you are reporting for: 1 ID 1404

(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

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Sidney Baker</u>	Political Party <u>Democratic</u>
Office Sought <u>State Representative</u>	District (if Senate or House) <u>9</u>

pm 5-16

Alice Espe
 SIGNATURE OF TREASURER (or person filing this report)

515 532 3689
 TELEPHONE

May 16, 2002
 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 May 19 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 first report filed.)\$ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>1475.00</u>
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.....\$ 1475.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ...	<u>791.91</u>
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)\$ 683.09

**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

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) Sidney Baker for State Representative 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
3/1/02	ID# CK#	Lorraine Young P. O. Box 422 Clarion, Ia 50525		\$100.00	
3/1/02	ID# CK#	Ginny Wachenhiem 1219 Lillian Lane Belmond, Ia 50421		100.00	
3/1/02	ID# CK#	Muriel Clutter 705 South Main Clarion, Ia 50525		25.00	
3/1/02	ID# CK#	Loren Fletchall 1614 Kantor Webster City, Ia 50595		100.00	
3/1/02	ID# CK#	Blaine Nickles 2270 Quincy Ave Clarion, Ia 50525		200.00	
3/1/02	ID# CK#	Robert Hudson 918 Moore Street Stratford, Ia 50249		50.00	
3/1/02	ID# CK#	Beth Baker 2406 Quincy Ave Clarion, Ia 50525	Mother	200.00	
3/14/02	ID# CK#	Betty Morford 2415 Quincy Ave Clarion, Ia 50525		50.00	
3/26/02	ID# CK#	Lincoln Bruess 616 N. Pine Goldfield, Ia 50542		30.00	
3/26/02	ID# CK#	Roger Johnson 312 4th Ave NE Belmond, Ia 50421		25.00	
SUB-TOTAL				\$880.00	
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 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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> 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)

Sidney Baker for State Representative

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
3/26/02	ID# CK#	John R. Burt 2224 Taylor Ave Rowan, Ia 50470		100.00 \$	
4/4/02	ID# CK#	Myron Hill 2651 O'Brien Ave Clarion, Ia 50525		100.00	
4/4/02	ID# CK#	Lynn Fletchall 2135 165th St. Webster City, Ia 50595		20.00	
4/4/02	ID# CK#	Gary Groves 805 Des Moines St. Webster City, Ia 50595		50.00	
4/8/02	ID# CK#	Pat Chambers 2410 Saratogo Rd Webster City, Ia 50595		75.00	
4/27/02	ID# 6060 CK# 2019	Iowa Federation of Labor AFL-CIO 2000 Walker St Suite A Des Moines, Ia 50317-5201		200.00	
5/4/02	ID# CK#	Betty Robinson 1820 O'Brien Ave Clarion, Ia 50525		50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$595.00	
TOTAL (if last page of this schedule)				\$ 1475.00	

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Sidney Baker for State Representative

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
3/20/02	ID# 1404 CK# 1001	Life Touch 404 North Main Clarion, Ia 50525	photos	26.50 \$
3/31/02	ID# 1404 CK#	First Citizens Bank 120 1st Ave NW Clarion, Ia 50525	checking charge	2.82
4/3/02	ID# 1404 1002 CK#	North Iowa Office Supply 104 North Main Clarion, Ia 50525	ink cartridge, labels	56.58
4/3/02	ID# 1404 CK# 1003	Pamida 1003 Central Ave West Clarion, Ia 50525	thank you cards	8.46
4/8/02	ID# 1404 CK# 1004	U.S. Post Office 115 1st St NE Clarion, Ia 50525	stamps	34.00
4/15/02	ID# 1404 1005 CK#	Best Buy Fort Dodge, Ia 50501	Fax machine	285.77
4/20/02	ID# 1404 CK# 1008	Carter Printing 1739 East Grand Ave Des Moines, Ia 50316	remittance envelopes	159.00
4/28/02	ID# 1404 CK# 1007	Carter Printing 1739 East Grand Ave Des Moines, Ia 50316	letterhead/envelopes	200.87

SUB-TOTAL \$ 774.00

TOTAL (if last page of this schedule) \$

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

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SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
Sidney Baker for State Representative

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
4/30/02	ID# 1404 CK#	First Citizens Bank 120 1st Ave NW Clarion, Ia 50525	checking charge	3.62 \$
5/7/02	ID# 1404 CK# 1006	North Iowa Office Supply 104 North Main Clarion, Ia 50525	file box/folders	14.29
	ID# CK#			
SUB-TOTAL				\$ 17.91
TOTAL (if last page of this schedule)				\$ 791.91

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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).)