

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
CHIDO For State REPRESENTATIVE

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

(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. 01/2001) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # <u>1013</u> | |
| Indexed <u>2</u> | |
| Audited _____ | |
| Computer <u>WRS</u> | |

CANDIDATE COMMITTEES ONLY:

| | |
|----------------------|-------------------------------------|
| Candidate Name _____ | Political Party _____ |
| Office Sought _____ | District (if Senate or House) _____ |

DISCLOSURE BOARD
 MAY 20 2002
 HD
 FILED

[Signature]
 SIGNATURE OF TREASURER (or person filing this report)

883-1687
 TELEPHONE

5/15/02
 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 18, 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 first report filed.) | \$ <u>13,398.79</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | \$ <u>3,210</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..... | \$ <u>13,402.00</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... | <u>6883.71</u> |
| Schedule F: Loan Repayments total (Attach Schedule F) | <u>500.00</u> |
| CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) | \$ <u>6018.29</u> |

****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) \$ 2527.06

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)
CITIZENS 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 |
|--------------------------|--|--------------------------------------|--|-----------------|---------------------------|
| 5/15/02 | ID# CK# | WELLS FARGO Feb-May BANK Interest | | \$ 3.21 | |
| | ID# CK# | | | | |

SUB-TOTAL \$ 3.21

TOTAL (if last page of this schedule) \$ 3.21

* 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

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)
CITIDO 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 |
|---------------------------------------|--|--|--|-----------------|
| 1-20- 5-15-02 | ID# CK# | WELLS FARGO BANK CHARGES 3.18 x 4 months | BANK SERVICE CHARGES | \$ 12.72 |
| ✓ 1-13- | ID# CK# 1036 | House Truman Fund | Donation | 250.00 |
| 1-16-02 | ID# CK# 1092 | SPRINT PCS | CELLULAR PHONE | 179.08 |
| ✓ 1-20-02 | ID# CK# 1037 | House Truman Fund | Donation | 5000.00 |
| 1-20-02 | ID# CK# 1038 | Brian Morlan 666 Grand Des Moines, IA | LEGISLATIVE/CAMPAIGN Voter Services | 1000.00 |
| 2-19-02 | ID# CK# 1093 | SPRINT PCS | CELLULAR PHONE | 260.19 |
| 3-23-02 | ID# CK# 1064 | SPRINT PCS | CELLULAR PHONE | 181.72 |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 6883.71 |
| TOTAL (if last page of this schedule) | | | | \$ 6883.71 |

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).)

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

| | |
|---|-------------------------------|
| SCHEDULE F (Rev. 08/96) | LOANS RECEIVED & REPAID |
| <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 \$ **3027.06**

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.)

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable*) | AMOUNT OF LOAN |
|--------------------------|---|--|----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAID |
|----------------------|---|--|----------------------|
| | Rep. Frank Chodo | SELF | \$ 500 ⁰⁰ |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS (PART II) \$ **500⁰⁰**

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ **2527.06**

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