

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>57</u>	Indexed <u>2</u>
Audited _____	Computer <u>W</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
REELECTION of WALLY HORN COMMITTEE 57

IMPORTANT: Indicate type of committee you are reporting for: **1**

(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

Jerry J. ... 319-365-2182 05-15-02
 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 05-19-02 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate one **1**

CHECK IF AMENDMENT TO REPORT DATED _____
pm 5/17

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.) \$ 3,771.50

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1,850.00

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 5,621.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 1,999.93

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) \$ 3,621.57

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

-For Instructions, See Back of Form

SCHEDULE A (Rev. 08/97)	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) **57**
REELECTION of WALLY HORN 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
1/12/02	ID# CHK#	TERRY MORAN 415 PARKLAND DR SE CR, IA 52403		\$ 100.00	
1/12/02	ID# 6063 CHK# 1471	IA DENTAL ASSN - PAC 505-5TH AVE., STE. 333 DM, IA 50309-2379		100.00	
1/12/02	ID# 6237 CHK# 1401	ABATEPAC 3118 EASTERN AVENUE CR, IA 52402		250.00	
1/12/02	ID# CHK#	STEVE OVEL 2259 WASHINGTON AVE SE CR, IA 52403		50.00	
1/12/02	ID# CHK# 1784	TRANSPORTATION POLITICAL LEAGUE 14600 DETROIT AVE CLEVELAND, OH 44107		250.00	
1/12/02	ID# CHK# 1541	HEAVY HIGHWAY PAC 2415 INGER, SOLL AVE DM, IA 50312-5233		250.00	
1/12/02	ID# CHK#	DAVID PALMER 213 SW FLYNN DR. ANKENY, IA 50021		100.00	
3/25/02	ID# CHK#	STEPHEN B. JACKSON 144 GUILDFORD SE CR, IA 52403		200.00	
3/25/02	ID# CHK#	PERCY HARRIS 3626 BEVER AVE SE CR, IA 52403		100.00	
3/25/02	ID# CHK#	JAMES TINKER 2304 HILLCREST DR SE CR, IA 52403		50.00	

SUB-TOTAL

\$ 1450.00

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)
 REELECTION OF WALLY HOW COMMITTEE 57

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
5/08/02	ID# 6060 CK# 2066	IB EA. COMMITTEE ON POLITICAL Ed. AFL-CIO 2000 WALKER, SUITE A D.M., IA 50317		\$ 400.00	
	ID# CK#				

SUB-TOTAL \$ 400.00
 TOTAL (if last page of this schedule) \$ 1,850.00

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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) 57
REELECTION of WALLY HORN

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
01/03/02	ID# CK#	SERVICE PRESS + LITHO 1105-3rd ST SE CR, IA 52401-2334	ENVS, LETTERS, & REPLY CARDS	\$ 216.30
02/19/02	ID# CK#	CARTER PRINTING 1739 E GRAND AVE DM, IA 50316	NOMINATION PAPERS	10.60
02/19/02	ID# CK#	CR GAZETTE 500-3rd AVE SE CR, IA 52402	DISPLAY AD	526.15
2/19/02	ID# CK#	CR CHAMBER of Comm 424-1st AVE NE CR, IA 52407-4860	MEMBERSHIP DUES	272.80
5/08/02	ID# CK#	WALLY HORN 101 STONEY Pt. Rd. SW CR, IA 52404	POSTAGE FOR SURVEY RETURNS	38.00
5/08/02	ID# CK#	WALLY HORN 101 STONEY Pt Rd SW CR, IA 52404	REIMBURSEMENT FOR LODGING, AND TRANSPORTATION TO THE NAT'L CONFERENCE OF STATE LEGISLATORS EXEC. COMMITTEE MTG IN WASHINGTON, D.C.	936.08
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 1,999.93

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).)