

DISCLOSURE SUMMARY PAGE

MAY 6 2002

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	5100
Indexed	2
Audited	
Computer	WRS

COMMITTEE NAME (Must be same as on Statement of Organization) HP
MOSES FOR GOVERNOR

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 Slate of Candidates

Edward Moses 641-842-3166 5/6/02
 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 MAY 19, 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>-0-</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>-0-</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>-0-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>-0-</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>-0-</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>-0-</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>-0-</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>-0-</u>

UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>-0-</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>\$357.00</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>-0-</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
MOSES FOR GOVERNOR

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
2/19/02	EDWARD MOSES 1407 N. BROBST KNOXVILLE, TN 37918	SELF	MILEAGE 340 x 0.35	\$ 119.00	
3/04/02	EDWARD MOSES 1407 N. BROBST KNOXVILLE, TN 37918	SELF	MILEAGE 320 x 0.35	\$ 112.00	
3/10/02	EDWARD MOSES 1407 N. BROBST KNOXVILLE, TN 37918	SELF	MILEAGE 180 x 0.35	63.00	
4/14/02	EDWARD MOSES 1407 N. BROBST KNOXVILLE, TN 37918	SELF	MILEAGE 180 x 0.35	63.00	

SUB-TOTAL \$ 357.00

TOTAL (if last page of this schedule) \$ 357.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	5100
Indexed	<u> </u>
Audited	<u> </u>
Computer	WRS
Certified Date of Dissolution	<u> </u>

COMMITTEE NAME

Official Name of Committee	
MOSES FOR GOVERNOR	
Street	
1407 N. BROBST	
City, State, Zip Code	
KNOXVILLE, IA 50138	
Area Code	Telephone
515 842-3166	

MAY 6 2002
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Effective date of dissolution:

MAY 6, 2002

Edward Moses
Signature of Treasurer

05/06/02
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Edward Moses
Signature of Candidate - Required for Candidate's Committee

05/06/02
Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.