

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

PM delay

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1357</u>
Indexed	<u>0</u>
Audited	
Computer	<u>W</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
SWAIM FOR HOUSE

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

Sam J. Quinn 641-664-3380 5/15/02
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 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.)	\$	<u>-0-</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A).....		<u>1709.95</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>1000.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....		<u>-0-</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL.....\$	<u>2709.95</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>1341.04</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)	\$	<u>1368.91</u>
<hr/>		
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>680.10</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....	\$	<u>1234.01</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>1000.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>-0-</u>

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)

SWAIM FOR HOUSE

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
3/23/02	ID# CK#	James S. Craver RR 3 Centerville, IA 52544		\$ 50.00	
4/4/02	ID# CK#	Steve Gardner 901 E. Highland Ave. Ottumwa, IA 52501-2137		50.00	
1/11/02	ID# 6070 CK# 2574	Iowa Lawpac 521 East Locust St., Fl 3rd Des Moines, IA 50309-1939		350.00	
4/11/02	ID# CK#	Johnson, Hester, Walter, Breckenridge & Duker, LLP 111 W. Second, P.O. Box 716 Ottumwa, IA 52501		100.00	
4/10/02	ID# CK#	Mary Baird Krafka 101 S. Market St., Suite 7515 Ottumwa, IA 52501		50.00	
3/29/02	ID# CK#	Rick Lynch 207 S. Washington Bloomfield, IA 52537		100.00	
3/29/02	ID# CK#	John B. Martin 101 S. Madison, Box 108 Bloomfield, IA 52537		75.00	
4/01/02	ID# CK#	C.K. Pettit P.O. Box 69 Bloomfield, IA 52537		100.00	
3/24/02	ID# CK#	Betty Swaim Box 2 Drakesville, IA 52552	Mother	500.00	
3/31/02	ID# CK#	Kent Swaim 202 Green Mountain Drive Iowa City, IA 52245	Brother	100.00	
SUB-TOTAL				\$ 1475.00	
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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 SWAIM FOR HOUSE

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
5/13/02	ID# CK#	P. Kim Swaim 407 N. 16th Street Indianola, IA 50125	Brother	\$ 50.00	
3/31/02	ID# CK#	Kay L. Wilson 1906 Kemble Drive Oskaloosa, IA 52577	Sister	100.00	
Various	ID# CK#	Unitemized Receipts For the period through May 14 for contributions not exceeding \$25.00.		84.95	
	ID# CK#				
SUB-TOTAL				\$ 234.95	
TOTAL (if last page of this schedule)				\$1709.95	

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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)
SWAIM FOR HOUSE

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
2/28/02	ID# CK#	Davis County Savings Bank 109 N. Madison Bloomfield, IA 52537	Printed checks	\$ 6.41
3/8/02	ID# CK#	Secretary of State Des Moines, IA	Voter Lists, Labels	132.43
3/20/02	ID# CK#	U.S. Post Office Bloomfield, IA 52537	Stamps	68.00
4/10/02	ID# CK#	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Yard Signs	1134.20
	ID# CK#			
SUB-TOTAL				\$1341.04
TOTAL (if last page of this schedule)				\$1341.04

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).)

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAYD
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
SWAIM FOR HOUSE

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ -0-

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
5/13/02	Kurt Swaim 504 N. Davis Bloomfield, IA 52537	Candidate	\$ 1000.00

TOTAL (PART I) \$ 1,000.00

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 REPAYD
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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