

FOR INSTRUCTIONS, SEE BACK OF FORM

ETHICS & CAMPAIGN DISCLOSURE
 MAY 15 2002
 FILED pm 5.14

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1406
Indexed	<input checked="" type="checkbox"/>
Audited	
Computer	WRS

COMMITTEE NAME (Must be same as on Statement of Organization)
Treinen For House District 44 Comm.

IMPORTANT: Indicate type of committee you are reporting for: (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

Maurice L. Gauke (641) 847-2415
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

5-13-02
 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 19, 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one

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.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A).....
 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.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B).....
 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)

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?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$	0	00
	5,710	00
	3,500	00
SUB-TOTAL.....\$	9,210	00
	3,937	59
\$	5,272	41
\$		
\$	3,500	00
	YES	X NO
\$		

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)
Treinen For House District 44 Comm.

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
1-29-02	ID# CK#	Shanon A. Treinen 1202 2nd Ave. Ackley, IA 50601	Self	\$2,500 ⁰⁰	
✓ 1-28-02	ID# CK#	Handin Co. Democratic Central Comm.		300 ⁰⁰	
1-30-02	ID# CK#	Wayne Zeigler 50126 115 Slayton, Iowa Falls, IA		50 ⁰⁰	
2-25-02	ID# CK#	J. Pearce 16153 G Ave Iowa Falls, IA 50126		100 ⁰⁰	
3-9-02	ID# CK#	David S. Winterton P.O. Box 433 State Center, IA 50247		25 ⁰⁰	
4-16-02	ID# CK#	Dr. D. F. Diemer 548 4th St. SW Britt, IA 50423	Brother	200 ⁰⁰	
4-23-02	ID# CK#	Sandy Berndt 309 Berlin Ave. Buckeye, IA 50043		100 ⁰⁰	
✓ 4-24-02	ID# CK#	Handin Co. Democratic Central Comm.		400 ⁰⁰	
4-28-02	ID# CK#	Mary Rose Brown 709 Fremont Iowa Falls, IA 50126		25 ⁰⁰	
4-28-02	ID# CK#	Martin A. Fritz 827 Dank Ave. Ackley, IA 50601		50 ⁰⁰	

SUB-TOTAL

\$3,750⁰⁰

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)

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)
Training For House District 44 Comm.

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.

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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
4-27-02	ID# CK#	Anleen Fuller P.O. Box 107 Eldona, IA 50627		\$ 50 ⁰⁰	
4-28-02	ID# CK#	Norene M. Johnson 801 10th St. Eldona, IA 50627		25 ⁰⁰	
4-27-02	ID# CK#	Many C. Weeks 116 Meadow Lane Iowa Falls, IA 50126		50 ⁰⁰	
4-28-02	ID# CK#	F.D. Brinkmeyer P.O. Box 565 Hubbard, IA 50122-0565		50 ⁰⁰	
4-27-02	ID# CK#	Jane Wykle 25832 Co. Hwy 5-27 Radcliffe, IA 50230		15⁰⁰ (unitemized)	
4-29-02	ID# CK#	Randy Sietsema 505 Stevens St. Iowa Falls, IA 50126		50 ⁰⁰	
4-30-02	ID# CK#	Madeline C. Gude 509 River St. Iowa Falls, IA 50126		50 ⁰⁰	
4-28-02	ID# CK#	Max Ibeling - Ibeling Insurance 605 Main St. Ackley, IA		50 ⁰⁰	
✓ 4-26-02	ID# 6060 CK# 2042	Iowa Comm. on Political Education 2000 Walker, AFL-CIO Suite A Des Moines, IA 50317		200 ⁰⁰	
4-27-02	ID# CK#	Kathryn J. Wilts 801 14th St. Eldona, IA 50627		25 ⁰⁰	

SUB-TOTAL

\$ 550⁰⁰

TOTAL (if last page of this schedule)

\$ 550⁰⁰

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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)
Treasury For House District 94 Comm.

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
5-1-02	ID# CK#	Darlene De Berg 14395 Co RD. 5-56 Ackley, IA 50601		\$ 50 ⁰⁰	
5-1-02	ID# CK#	L.K. Goodknight P.O. Box 88 Eldora, IA 50627		25 ⁰⁰	
5-1-02	ID# CK#	Mrs. Dean Johns 32816 100th St. Ackley, IA 50601		50 ⁰⁰	
4-30-02	ID# CK#	Harold Heinz 605 State St. Ackley, IA 50601		50 ⁰⁰	
5-1-02	ID# CK#	Douglas Riggs 10143 Co Hwy 533 Alden, IA 5006		75 ⁰⁰	
5-1-02	ID# CK#	Velma Brown 410 Talbot Iowa Falls, IA 50126		50 ⁰⁰	
5-1-02	ID# CK#	Jerry Aldrich Alden, IA 5006		100 ⁰⁰	
5-1-02	ID# CK#	Laverne Ibeling 703 4th Ave. Ackley, IA 50601		25 ⁰⁰	
5-4-02	ID# CK#	Mrs. Colleen Tjaden 816 Union St. Iowa Falls, IA 50126		20⁰⁰ (unitemized)	
5-5-02	ID# CK#	Rosemary Kindaman 102 Hilltop Dr. Ackley, IA 50601		25 ⁰⁰	

SUB-TOTAL \$450⁰⁰

TOTAL (if last page of this schedule) \$

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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)

Treimen For House Dist 99 Comm.

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
4-29-02	ID# CK#	Manjorie Cloveniga 418 Jason Ave. Iowa Falls, IA 50126		\$ 50. ⁰⁰	
5-2-02	ID# CK#	Mary Carlson 909 Ninth St. S. Humboldt, IA 50548		25. ⁰⁰	
5-3-02	ID# CK#	Thelma Shugar 1301 Main Ackley, IA 50601		25. ⁰⁰	
5-5-02	ID# CK#	Betty Riley 2523 Georgetown Rd. Iowa Falls, IA 50126		25. ⁰⁰	
5-9-02	ID# CK#	Lois H. Meyer 683 Morningside Dr. Lake Forest, IL 60045	cousin	100. ⁰⁰	
5-11-02	ID# CK#	Dr. Arthur F. IDE 107 E. Minnie St. Radcliffe, IA 50230		25. ⁰⁰	
5-9-02	ID# CK#	John V. Missy 339 Sarah Ave. Iowa Falls, IA 50126		25. ⁰⁰	
5-12-02	ID# CK#	Diana Ruhl 313 Rocksylvania Ave Iowa Falls, IA 50126		25. ⁰⁰	
5-11-02	ID# CK#	Jimmiete Dreier Hubbard, IA 50122		25. ⁰⁰	
5-9-02	ID# CK#	Gary Hoffman 1928 9 195th St. Iowa Falls, IA 50126		25. ⁰⁰	

SUB-TOTAL

\$350.⁰⁰

TOTAL (if last page of this schedule)

\$

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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)
Themen For House Dist 44 Comm.

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
5-9-02	ID# CK#	Mrs. Doris Hoffman by Gary Hoffman 19289 195 th St. Iowa Falls, IA 50126		\$ 25 ⁰⁰	
5-6-02	ID# CK#	Joan Santee 1156 River Rd. Iowa Falls, IA 50126		25 ⁰⁰	
5-7-02	ID# CK#	Marcus LaMoreaux 32629 231 st St. Eldong, IA 50627		25 ⁰⁰	
5-1-02	ID# CK#	Charlene Wilke Alden, IA 50006		25 ⁰⁰	
5-1-02	ID# CK#	Marian Kuper 10749 87 th Hwy 55 Ackley, IA 50601		50 ⁰⁰	
5-1-02	ID# CK#	Dec Wolf 1603 Deen Path Rd Iowa Falls, IA 50126		200 ⁰⁰	
5-1-02	ID# CK#	Judith Walrod 2355 Zealing Ave Summers, IA 50586		100 ⁰⁰	
5-1-02	ID# CK#	E. J. Khamen 401 Butler Ackley, IA 50601		25 ⁰⁰	
5-12-02	ID# CK#	"Unitemized Contributions"		135 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 610⁰⁰

TOTAL (if last page of this schedule)

\$ 5,710⁰⁰

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COMMITTEE NAME (Must be same as on Statement of Organization)
Treinen For House District 44 Comm.

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAY
<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 \$ _____

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
4-25-02	Sharon Treinen 1202 2 nd Ave. Achley, IA 50601	Self	\$ 3,500 ⁰⁰

TOTAL (PART I) \$ 3,500⁰⁰

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 REPAY
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3,500⁰⁰

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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)
Trainees For House District 44 Comm.

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2-21-02	ID# 1406 CK# 1201	Canter Printing 1739 East Grand Ave. Des Moines, IA 50316	10,000 Note Pads	\$1,277.30
5-1-02	ID# 1406 CK# 1202	Canter Printing 1739 East Grand Ave Des Moines, IA 50316	2,500 Letter head	180.20
5-3-02	ID# 1406 CK# 1203	Canter Printing 1739 East Grand Ave Des Moines, IA 50316	10,000 Calendar Cards	427.18
5-14-02	ID# 1406 CK# 1204	Ackley World Journal P.O. Box 5 Ackley, IA 50601	Thank You Ad - on 4/24/02	10.00
5-14-02	ID# 1406 CK# 1205	Canter Printing 1739 East Grand Ave Des Moines, IA 50316	250 Yard Signs 100 Large Sign Wines 5,000 Label Stickers 230 kg Signs	1,037.74
5-14-02	ID# 1406 CK# 1206	Shanon Trainee 1202 2nd Ave Ackley, IA 50601	See attached list of Expenditures.	994.80
2-14-02	ID# 1406 CK# Debit	Ackley State Bank Ackley, IA 50601	Hanland Check Order 1 box	10.37
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$3,937.59

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).)

May 14, 2002

Terrien for House District 44 Comm - Attachment to Schedule

5-14-02 ID# 1406 CK# 1206-Sharon Terrien

Amount \$ 994.82

1202 2nd Ave

Ackley, IA 50601

Date Paid	Expenditure made to:	Purposes:	Amount
1-18-02	KDAO Rate	4-Radio spots	45.00
4-20-02	Advertising Supply	6000 Standard Emery Boards	445.17
1-21-02	Center Printing	1000 letters, 50 Registrations, 5000 Business	151.58
1-16-02	Low Falls Printing Co	Name Badge, Stamp	22.48
4-29-02	US Postal Service	Postage Stamps	68.00
1-31-02	US Postal Service	Postage Stamps	39.52
2-27-02	Ackley Publishing Co Inc	4 pg Fax	4.77
1-29-02	" " "	20 8 1/2 x 14 Copies	2.12
5-13-02	Office Staples Supply/Michaels	1-Stapler, Flags, Decorations	29.65
4-23-02	US Postal Service	Postage Stamps	34.00
4-9-02	Red Rooster-Louis Falls	Coffee	12.00
5-4-02	Real Apple Cafe-State Center	Coffee	10.00
3-2-02	Sam's Club-Waterloo	Envelopes, Paper, Labels, Cartridge	89.83
1-31-02	US Postal Service	Post Cards	5.52
4-22-02	Misc-Uni-Ten 200	Copies - Paper	151.6
Total			994.80