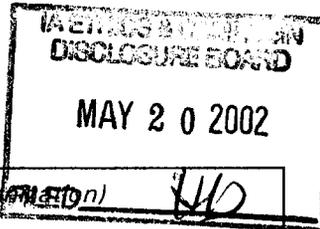


DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	6001
Indexed	SW
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization) ALLIED GROUP INC POLITICAL ACTION CMTE

IMPORTANT: Indicate type of committee you are reporting for: 2

(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

Randall J. Kran
 SIGNATURE OF TREASURER (of person filing this report)

515 280 4850
 TELEPHONE

5-19-02
 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 1

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election
County & Local Committees, enter County in which election is held

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.)

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 the first report filed.) \$ 8,593.50

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 4,179.50

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees only) **SUB-TOTAL** \$ 4,179.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 1,400.00

Schedule F: Loan Repayments total (Attach Schedule F) 0.00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 11,373.00

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0.00

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0.00

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.00

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)*

ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 11.00	
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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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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01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
04/03/02	ID# CK#	Unitemized Receipt		25.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 42.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
01/25/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
SUB-TOTAL				\$ 48.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
02/08/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
02/22/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
03/08/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
03/22/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
04/05/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
04/19/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
05/03/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
01/11/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
01/25/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
02/08/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
SUB-TOTAL				\$ 162.50	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
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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
02/22/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
03/08/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
03/22/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
04/05/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
04/19/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
05/03/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
01/11/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
01/25/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
02/08/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
02/22/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
SUB-TOTAL				\$ 65.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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03/08/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
03/22/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
04/05/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
04/19/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
05/03/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 30.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
01/25/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
02/08/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
02/22/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
03/08/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
03/22/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
04/05/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
04/19/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
SUB-TOTAL				\$ 82.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
05/03/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
01/11/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
01/25/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
02/08/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
02/22/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
03/08/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
03/22/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
04/05/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
04/19/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
05/03/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
SUB-TOTAL				\$ 37.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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
04/29/02	ID# CK#	Unitemized Receipt		25.00	
02/22/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
03/08/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
03/22/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
04/05/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
04/19/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
05/03/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 148.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
02/14/02	ID# CK#	Michael Crawford 13080 Cedarcrest Lane Clive, Ia 50325		30.00	
04/03/02	ID# CK#	Paul Curran 5413 Westwood Circle West Des Moines, Ia 50266		50.00	
04/03/02	ID# CK#	Unitemized Receipt		20.00	
01/11/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
SUB-TOTAL				\$ 111.00	
TOTAL (if last page of this schedule)				\$	

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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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
01/25/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
02/08/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
02/22/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
03/08/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
03/22/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
04/05/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
04/19/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
05/03/02	ID# CK#	Carol A Dawson 429 8th St. West Des Moines, Ia 50265		5.00	
01/11/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
01/25/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
SUB-TOTAL				\$ 48.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
02/08/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
02/22/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
03/08/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
03/22/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
04/05/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
04/19/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
05/03/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
01/11/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
01/25/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
02/08/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
SUB-TOTAL				\$ 58.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
02/22/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
03/08/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
03/22/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
04/05/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
04/19/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
05/03/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 68.00	
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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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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
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
04/03/02	ID# CK#	Unitemized Receipt		20.00	
01/11/02	ID# CK#	Unitemized Receipt		2.50	
01/25/02	ID# CK#	Unitemized Receipt		2.50	
02/08/02	ID# CK#	Unitemized Receipt		2.50	
02/22/02	ID# CK#	Unitemized Receipt		2.50	
SUB-TOTAL				\$ 40.00	
TOTAL (if last page of this schedule)				\$	

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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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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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
03/08/02	ID# CK#	Unitemized Receipt		2.50	
03/22/02	ID# CK#	Unitemized Receipt		2.50	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 13.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
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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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
SUB-TOTAL				\$ 14.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
01/25/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
02/08/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
02/22/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
03/08/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
03/22/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
04/05/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
04/19/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
05/03/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
04/03/02	ID# CK#	Unitemized Receipt		10.00	
04/03/02	ID# CK#	Unitemized Receipt		10.00	
SUB-TOTAL				\$ 60.00	
TOTAL (if last page of this schedule)				\$	

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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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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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
04/03/02	ID# CK#	Unitemized Receipt		25.00	
01/11/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
01/25/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
02/08/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
02/22/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
03/08/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
03/22/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
04/05/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
04/19/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
05/03/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
SUB-TOTAL				\$ 70.00	
TOTAL (if last page of this schedule)				\$	

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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 <i>(Must be same as on Statement of Organization)</i> ALLIED GROUP INC POLITICAL ACTION CMTE
--

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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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
04/03/02	ID# CK#	Vicki Gubser 5423 Chimra Road Panora, Ia 50216		50.00	
SUB-TOTAL				\$ 59.00	
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 relative) 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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/11/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
01/25/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
02/08/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
02/22/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
03/08/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
03/22/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
04/05/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
04/19/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
05/03/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
01/11/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
SUB-TOTAL				\$ 185.00	
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)*

ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
02/08/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
02/22/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
03/08/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
03/22/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
04/05/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
04/19/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
05/03/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
04/03/02	ID# CK#	Gerri Heinrich 4415 101st Street Urbandale, Ia 50322		100.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 142.00	
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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 18.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
03/28/02	ID# CK#	Chris Kelly 4120 Pleasant Street Des Moines, Ia 50312		50.00	
04/03/02	ID# CK#	Marcia Klindt 2319 36th Street Des Moines, Ia 50310		50.00	
01/11/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
SUB-TOTAL				\$ 117.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
02/08/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
02/22/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
03/08/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
03/22/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
04/05/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
04/19/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
05/03/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 84.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
02/08/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
01/25/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
02/08/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
02/22/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
03/08/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
03/22/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
04/05/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
04/19/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
05/03/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
SUB-TOTAL				\$ 29.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/11/02	ID# CK#	Unitemized Receipt		0.50	
01/25/02	ID# CK#	Unitemized Receipt		0.50	
02/08/02	ID# CK#	Unitemized Receipt		0.50	
02/22/02	ID# CK#	Unitemized Receipt		0.50	
03/08/02	ID# CK#	Unitemized Receipt		0.50	
03/22/02	ID# CK#	Unitemized Receipt		0.50	
04/05/02	ID# CK#	Unitemized Receipt		0.50	
04/19/02	ID# CK#	Unitemized Receipt		0.50	
05/03/02	ID# CK#	Unitemized Receipt		0.50	
01/11/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
SUB-TOTAL				\$ 43.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
02/08/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
02/22/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
03/08/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
03/22/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
04/05/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
04/19/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
05/03/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
04/29/02	ID# CK#	Unitemized Receipt		20.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 330.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
04/03/02	ID# CK#	Unitemized Receipt		10.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 27.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 17.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 20.00	
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 relative) 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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
01/25/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
02/08/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
02/22/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
03/08/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
03/22/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
04/05/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
04/19/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
05/03/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
SUB-TOTAL				\$ 227.00	
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 relative) 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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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 relative) 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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
03/28/02	ID# CK#	Gary Modlin 804 Prairie View Drive West Des Moines, Ia 50266		50.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 68.00	
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 relative) 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
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CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
04/03/02	ID# CK#	Unitemized Receipt		15.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 24.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
01/25/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
02/08/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
02/22/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
03/08/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
03/22/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
04/05/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
04/19/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
05/03/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
SUB-TOTAL				\$ 136.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/11/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
01/25/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
02/08/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
02/22/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
03/08/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
03/22/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
04/05/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
04/19/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
05/03/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
01/11/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	

SUB-TOTAL \$ 32.00

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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
02/08/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
02/22/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
03/08/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
03/22/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
04/05/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
04/19/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
05/03/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 44.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
03/28/02	ID# CK#	Unitemized Receipt		25.00	
01/11/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
01/25/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
SUB-TOTAL				\$ 79.00	
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 relative) 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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
02/08/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
02/22/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
03/08/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
03/22/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
04/05/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
04/19/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
05/03/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
01/11/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
01/25/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
02/08/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
SUB-TOTAL				\$ 155.00	
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)*

ALLIED GROUP INC POLITICAL ACTION CMTE

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
02/22/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
03/08/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
03/22/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
04/05/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
04/19/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
05/03/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
01/11/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
01/25/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
02/08/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
02/22/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
SUB-TOTAL				\$ 70.00	
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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
03/08/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
03/22/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
04/05/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
04/19/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
05/03/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 56.00

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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
03/28/02	ID# CK#	Unitemized Receipt		25.00	
01/11/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
SUB-TOTAL				\$ 78.50	
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 relative) 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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
02/08/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
02/22/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
03/08/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
03/22/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
04/05/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
04/19/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
05/03/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
04/03/02	ID# CK#	Timothy Reece 5903 Sheridan Ave. Des Moines, Ia 50322		50.00	
04/03/02	ID# CK#	Unitemized Receipt		20.00	
SUB-TOTAL				\$ 370.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/11/02	ID# CK#	Unitemized Receipt		2.50	
01/25/02	ID# CK#	Unitemized Receipt		2.50	
02/08/02	ID# CK#	Unitemized Receipt		2.50	
02/22/02	ID# CK#	Unitemized Receipt		2.50	
03/08/02	ID# CK#	Unitemized Receipt		2.50	
03/22/02	ID# CK#	Unitemized Receipt		2.50	
04/05/02	ID# CK#	Unitemized Receipt		2.50	
04/19/02	ID# CK#	Unitemized Receipt		2.50	
05/03/02	ID# CK#	Unitemized Receipt		2.50	
01/11/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	

SUB-TOTAL \$ 37.50

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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/25/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
02/08/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
02/22/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
03/08/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
03/22/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
04/05/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
04/19/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
05/03/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
01/11/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
01/25/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	

SUB-TOTAL \$ 128.00

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)*

ALLIED GROUP INC POLITICAL ACTION CMTE

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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
02/08/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
02/22/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
03/08/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
03/22/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
04/05/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
04/19/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
05/03/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
04/03/02	ID# CK#	Unitemized Receipt		25.00	
02/22/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
03/08/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
SUB-TOTAL				\$ 63.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
03/22/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
04/05/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
04/19/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
05/03/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 32.00	
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)*

ALLIED GROUP INC POLITICAL ACTION CMTE

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
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 13.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/03/02	ID# CK#	Unitemized Receipt		1.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	

SUB-TOTAL \$ 19.00

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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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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
01/11/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
01/25/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
02/08/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
02/22/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
03/08/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
03/22/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
04/05/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
04/19/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
05/03/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
01/11/02	ID# CK#	Unitemized Receipt		2.00	
SUB-TOTAL				\$ 92.00	
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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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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
01/25/02	ID# CK#	Unitemized Receipt		2.00	
02/08/02	ID# CK#	Unitemized Receipt		2.00	
02/22/02	ID# CK#	Unitemized Receipt		2.00	
03/08/02	ID# CK#	Unitemized Receipt		2.00	
03/22/02	ID# CK#	Unitemized Receipt		2.00	
04/05/02	ID# CK#	Unitemized Receipt		2.00	
04/19/02	ID# CK#	Unitemized Receipt		2.00	
05/03/02	ID# CK#	Unitemized Receipt		2.00	
03/28/02	ID# CK#	Unitemized Receipt		25.00	
01/11/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
SUB-TOTAL				\$ 46.00	
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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

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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
01/25/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
02/08/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
02/22/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
03/08/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
03/22/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
04/05/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
04/19/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
05/03/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
04/03/02	ID# CK#	Unitemized Receipt		15.00	
03/22/02	ID# CK#	Unitemized Receipt		4.00	

SUB-TOTAL \$ 59.00

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 relative) 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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
04/05/02	ID# CK#	Unitemized Receipt		4.00	
04/19/02	ID# CK#	Unitemized Receipt		4.00	
05/03/02	ID# CK#	Unitemized Receipt		4.00	
01/11/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
01/25/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
02/08/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
02/22/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
03/08/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
03/22/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
04/05/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
SUB-TOTAL				\$ 33.00	
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 relative) 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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
04/19/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
05/03/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
01/11/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
01/25/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
02/08/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
02/22/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
03/08/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
03/22/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
04/05/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
04/19/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
SUB-TOTAL				\$ 46.00	
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 relative) 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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
05/03/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 14.00	
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 relative) 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)

ALLIED GROUP INC POLITICAL ACTION CMTE

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
01/11/02	ID# CK#	Unitemized Receipt		1.00	
01/25/02	ID# CK#	Unitemized Receipt		1.00	
02/08/02	ID# CK#	Unitemized Receipt		1.00	
02/22/02	ID# CK#	Unitemized Receipt		1.00	
03/08/02	ID# CK#	Unitemized Receipt		1.00	
03/22/02	ID# CK#	Unitemized Receipt		1.00	
04/05/02	ID# CK#	Unitemized Receipt		1.00	
04/19/02	ID# CK#	Unitemized Receipt		1.00	
05/03/02	ID# CK#	Unitemized Receipt		1.00	
04/03/02	ID# CK#	Unitemized Receipt		20.00	
SUB-TOTAL				\$ 29.00	
TOTAL (if last page of this schedule)				\$ 4,179.50	

*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 relative) 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

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" 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)*
ALLIED GROUP INC POLITICAL ACTION CMTE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/26/02	ID# 178 CK# 02175	Boswell for Congress Leonard Boswell P.O. Box 36272 Des Moines, Ia 50315	U S House General 2002/ia003 General 2002	500.00
05/14/02	ID# 703 CK# 02176	Committee to Elect McCoy Matt McCoy 3207 SW 9th Street Des Moines, Ia 50315	State Senate General 2002/ia034 General 2002	400.00
04/15/02	ID# 1043 CK# 02174	Thompson for Congress Stan Thompson P.O. Box 93932 Des Moines, Ia 50393-3932	U S House General 2002/ia003 General 2002	500.00
SUB-TOTAL				\$ 1,400.00
TOTAL (if last page of this schedule)				\$ 1,400.00

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).)