

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1304
Logged In	
Scanned	
Computer	
Audited	WRS

COMMITTEE NAME (Must be same as on Statement of Organization)
Neighbors for Hatch

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

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name Jack Hatch	Political Party Democrat
Office Sought State Senate	District (if Senate or House) 33

NOV 03 2003

Jack Hatch
SIGNATURE OF TREASURER (or person filing this report)

244-2941
TELEPHONE

11/3/03
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A October 15, 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED October 15, 2002

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

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

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	\$ 2,603.74
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	4,500
Schedule F: Loans Received total (Attach Schedule F)	0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 7,103.74
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	4,515.46
Schedule F: Loan Repayments total (Attach Schedule F)	0
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 2,588.28
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 0
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	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)
Neighbors for Hatch

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/1/02	ID# CK#	Bankers Trust 666 Grand Ave. Des Moines, Iowa 50309	Service Fees (July, Aug., Sept.)	\$ 12.91
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 12.91

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 68A.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1304
Indexed	SW
Audited	6-23-03
Computer	WRS

COMMITTEE NAME (Must be same as on Statement of Organization)
 Neighbors for Hatch

IMPORTANT: Indicate type of committee you are reporting for: 1
 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name Jack Hatch	Political Party Democrat
Office Sought State Senate	District (if Senate or House) 33

OCT 21 2002

HD

10.20.02

Jack Hatch
 SIGNATURE OF TREASURER (or person filing this report)

244-2941
 TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A October 15, 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 first report filed.)	\$ 2,603.76
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	4,500.00
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.....\$	7,103.76
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	4,502.55
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)	\$ 2,601.21
**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?) *Not needed* 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)

Neighbors for Hatch

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
✓ 10.7.02	ID# 9659 CK#	Federation of Iowa Insurers 317-6th Ave., Suite 740 Des Moines, IA 50309		\$250.	<input type="checkbox"/>
10.7.02	ID# CK#	Deane Carlson PO Box 5155 Des Moines, Ia 50306		100.	<input type="checkbox"/>
10.7.02	ID# CK#	Jim Quilty + Sandra Suarez 1705 Pleasant Dm, Ia 50314		25.	<input type="checkbox"/>
✓ 10.3.02	ID# 6073 CK# 516	Iowa Medical PAC 1001 Grand Ave West Dm, Ia 50365		250.	<input type="checkbox"/>
✓ 10.3.02	ID# 6064 CK# 3471	Justice for all 218 6th Ave Dm, Ia 50309		100	<input type="checkbox"/>
0 10.3.02	ID# CK#	Gregg Neilson 8620 Titleist Cir. LAS VEGAS, NEVADA		150.00	<input type="checkbox"/>
✓ 10.3.02	ID# 6063 CK# 1602	Iowa Dental Assn 505-5th Ave Des Moines, Ia 50319		100.00	<input type="checkbox"/>
8.30.02	ID# CK#	John Campbell 2017 Southlawn Dr Des Moines, Ia 50315		1200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$2175

TOTAL (if last page of this schedule)

\$4500

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

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)

Neighbors for Hatch

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
8-2-02	ID# CK#	Royanne Conlin 600 Griffin Buildings Des Moines, Iowa 50309		\$ 500.00	<input type="checkbox"/>
✓ 8-14-02	ID# 1304 CK# 1045 6116	Iowa Dealers PO BOX 65840 West Des Moines, Ia 50265		75.00	<input type="checkbox"/>
✓ 9-20-02	ID# 6334 CK#	Pumpers + Steamfitters #33 2901 Bell Des Moines, Ia 50321		100.00	<input type="checkbox"/>
✓ 9-20-02	ID# 6070 CK# 2694	Iowa Law PAC 521 E. Locust Des Moines, Ia 50309		200.00	<input type="checkbox"/>
✓ 9-20-02	ID# 6086 CK#	Ia. Sta. Ed. Assoc. 777 3rd St Des Moines, Ia 50309		500.00	<input type="checkbox"/>
✓ 9.20.02	ID# 6062 CK#	Independent Insurance Co. of Iowa 400 Westover Park Des Moines, Ia 50266		250.00	<input type="checkbox"/>
9.20.02	ID# CK#	Bruce Reistetter 15491 Hwy 941 Alden, Ia 50006		250.00	<input type="checkbox"/>
9.25.02	ID# CK#	Diane Palmer 213 SW Flynn Dr Ankeny, Ia 50021		100.00	<input type="checkbox"/>
✓ 9.05.02	ID# 6216 CK#	IBEW #204 116 14th Ave SE Cedar Rapids, Ia 52401		100.00	<input type="checkbox"/>
✓	ID# 6098 CK#	Iowa Bev PAC 310 Northwestern Blvd 321 E. Walnut Des Moines, Ia 50309		250	<input type="checkbox"/>
2325.00 SUB-TOTAL				\$ 2325	
TOTAL (if last page of this schedule)				\$ -	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Neighbors For Hatch

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/30	ID# CK# 545	<i>Regan Roberts</i> <i>685-4th</i> <i>Des Moines, IA 50314</i>	<i>expenses</i>	\$ 15.88
7/30	ID# CK# 546	<i>Beck Wheeler</i> <i>3613-6th</i> <i>Des Moines, IA 50313</i>	<i>rent</i>	600.00
7/30	ID# CK# 547	<i>Michelle Keenan</i> <i>750-16th</i> <i>Des Moines, IA 50314</i>	<i>consulting-develop</i> <i>the plan</i>	1000.00
8/16	ID# CK# 548	<i>Treumann Fund</i> <i>Iowa Dem Party</i> <i>5661 Fleets Dr.</i> <i>DM 50321</i>	<i>contribution for</i> <i>game</i>	125.00
8/16	ID# CK# 549	<i>Treumann Fund</i> <i>Iowa Dem Party</i> <i>5661 Fleets Dr.</i> <i>Des Moines 50321</i>	<i>contribution</i>	600.00
9/2	ID# CK# 550	<i>Office Max</i> <i>4100 Ingersoll</i> <i>Des Moines, IA 50312</i>	<i>supplies</i>	13.67
—	ID# CK# 551	<i>VOID</i>		—
9/2	ID# CK# 552	<i>U.S. Postmaster</i> <i>Bechtel + University</i> <i>Des Moines, IA 50314</i>	<i>stamps</i>	148.00
SUB-TOTAL				\$ 2502.55
TOTAL (if last page of this schedule)				\$

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Neighbors for Hatch

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
-	ID# CK# 553	VOID	-	\$ -
9/4	ID# CK# 554	Truman Fungl Iowa Dem. Party 5661 Fleur Dr	Contributions	2000.00
	ID# CK#			

SUB-TOTAL \$ 2000

TOTAL (if last page of this schedule) \$ 4502.55

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).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

Neighbor for Hatch

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Michael Kiernan		
Mailing Address		
750-16th		
City	State	Zip Code
Des Moines	Ia	50314

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From July 1	\$ 1000.00
To July 31, 2012	

ESTIMATES OF PERFORMANCE

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
	n/a		\$
	Mike Kiernan	write excerpts plan	1000.00

SUB-TOTAL	\$ 1000.00
TOTAL (if last page of this schedule)	\$ 1000.00