

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

OCT 18 2002 PM 10:17 57

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	57
Indexed	SW
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
REELECTION OF WALLY HOAN COMMITTEE

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

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

CANDIDATE COMMITTEES ONLY:

Candidate Name WALLY HOAN Political Party DEMOCRAT
 Office Sought STATE SENATOR District (if Senate or House) _____

Larry Tralun SIGNATURE OF TREASURER (or person filing this report) 319-365-2182 TELEPHONE 10-18-02 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 OCT 19 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

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

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	\$	<u>3,584.53</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>4,350.00</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>Ø</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....		<u>Ø</u>
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL.....\$	<u>7,934.53</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ...		<u>5,820.97</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>Ø</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>2,113.56</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$	<u>Ø</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>Ø</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>Ø</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>2,263.05</u>

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization) SM
 REFLECTION OF WALLY HORN COMMITTEE

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
10/02/02	ID# CK# 2291	EDWARD FAILOR, SR. 2310 IMPERIAL CRES MUSCATINE, IA 52761		\$ 250.00	
✓ 10/02/02	ID# 6052 CK# 2635	INDEPEND INS AGENTS OF IOWA 4000 WESTOWN PKY., SUITE 200 WEST DM, IA 50265		200.00	
✓ 10/02/02	ID# 6067 CK# 29586	IOWA HEALTH PAC 6750 WESTOWN PKY, #100 WEST DM, IA 50266		150.00	
✓ 10/02/02	ID# 6474 CK# 1027	LABORERS POLITICAL LEAGUE 5000 J ST SW CA, IA 52404		200.00	
✓ 10/02/02	ID# CK# 1592	IA DENTAL ASSN. 505-5TH AVE., STE 333 DM, IA 50309-2379		100.00	
0 10/02/02	ID# CK#	CRNIC NEILSEN 8620 TITLEIST CIRCLE LAS VEGAS, NV 89117		100.00	
✓ 10/02/02	ID# 6070 CK# 2699	IOWA LAW PAC 521 EAST LOCUST ST. FL 3rd DM, IA 50309-1939		200.00	
✓ 10/02/02	ID# CK# 1689	IOWA F.O.R.E. 8525 DOUGLAS AVE., SUITE 48 DM, IA 50322		100.00	
✓ 10/02/02	ID# 6086 CK# 12719	ISEA - PAC 777-3rd ST DM, IA 50309		500.00	
	ID# CK#				

SUB-TOTAL
 \$ 1800.00
TOTAL (if last page of this schedule)
 \$ 4350.00

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

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization) **57**
REFLECTION OF WALLY HORN COMMITTEE

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
✓ 8/8/02	ID# 2899 6429 CK# 1599	HEAVY HIGHWAY PAC 2415 INGER SOLL AVE. DM, IA 50312-5233		\$ 250.00	
✓ 8/8/02	ID# 6046 CK# 3467	JUSTICE FOR ALL 218-6TH AVE. STE 526 DM, IA 50309-4091		100.00	
✓ 8/8/02	ID# CK# 1017	CITIZEN SOLDIER FUND-IOWA 607 14TH ST, NW STE 800 WASHINGTON, DC 20005		500.00	
✓ 8/8/02	ID# 6113 CK# 2658	AFSCME/IOWA COUNCIL 61 4320 N.W. 2ND AVE DM, IA 50313		250.00	
✓ 9/10/02	ID# 6114 CK# 1035	POLITICAL ACTION - IOWA DEALERS PAC PO BOX 65840 WEST D.M, IA 50265		100.00	
✓ 9/10/02	ID# CK# 5378	HOUSE PAC - HOUSEHOLD INTERNATIONAL 1730 K STREET NW, SUITE 1106 WASHINGTON, DC 20006		200.00	
✓ 9/10/02	ID# CK# 5289	I.B.E.W. - C.O.P.E. 1125 - 15TH ST, N.W. WASHINGTON, DC 20005		200.00	
✓ 9/10/02	ID# CK# 1077	WELL PAC 636 GRAND AVE STATION 13 DM, IA 50309		250.00	
✓ 9/10/02	ID# 6004 CK# 3897	ASSOCIATED GENERAL CONTRACTORS PO BOX 757 DM, IA 50303		500.00	
✓ 10/02/02	ID# 6062 CK# 1375	IA CERT. PUBLIC ACCTS PAC 950 OFFICE PARK RD SUITE 300 WEST DM, IA 50265-2548		200.00	
SUB-TOTAL				\$2550.00	
TOTAL (if last page of this schedule)				2550.00	

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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) 57
REELECTION of WALLY HORN COMMITTEE

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
08/06/02	ID# CK# 604	WALLY HORN 101 STONEY PT RD SW CR, IA 52404	TRAVEL & LODGING WHILE ATTENDING PLCC Board MTE IN WASHINGTON, DC	\$ 570.21
08/06/02	ID# CK# 605	WALLY HORN 101 STONEY PT RD SW CR, IA 52404	IBM COMPUTER & RELATED SOFTWARE	2512.94
08/06/02	ID# CK# 606	JEFFERSON HIGH SCHOOL 1243 - 20TH ST SW CR, IA 52404	AD IN FOOTBALL PROGRAM	225.00
09/01/02	ID# CK# 607	WALLY HORN 101 STONEY PT RD SW CR, IA 52404	TRAVEL, LODGING, FOOD WHILE ATTENDING NCSL EXEC BOARD MTE IN DENVER, CO.	1,833.14
10/01/02	ID# CK# 608	WALLY HORN 101 STONEY PT RD SW CR, IA 52404	TRAVEL, LODGING, FOOD & REGISTRATION FOR MIDWEST LEGISLATIVE CONFERENCE IN FARGO, ND.	679.68
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 5820.97

TOTAL (if last page of this schedule) \$ 5820.97

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

COMMITTEE NAME (Must be same as on Statement of Organization) 57
 REFLECTION OF WALLY HORN COMMITTEE

SCHEDULE H (Rev. 02/96)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
9/11/02	IBM-A31 P4 1.8 256 DWD/ CDRW 15" ETH MDM X PP COMPUTER	\$2327.70	2,263.05

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 2,263.05

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)