FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

OCT 1 6 2002

pm 10:15

FORM **DR-2** (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 1169
Indexed
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Lamberti for Senate

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

SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** 515-965-1200 **DATE SIGNED** 10/15/02

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 19, 2002 (report date) REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR. 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.) ..... $ 10,694.72

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 38,425.00

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.....$ 49,119.72

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 43,589.01

Schedule F: Loan Repayments total (Attach Schedule F) 1,000.00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 4,530.71

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 X 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
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Lamberti for Senate

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
7/23/02	ID# CK#	Craig H. Neilsen 8620 Titelist Cir. Las Vegas, NV 89117		$ 500.00	
7/26/02	ID# CK#	Sandra Rasmussen 295 NW 66th Ave. Des Moines, IA 50313		5,000.00	
7/30/02	ID# CK#	William C. Knapp 5000 Westown Pkwy., Ste. 100 West Des Moines, IA 50266		2,500.00	
8/1/02	ID# CK#	Carl D. Moyer 1101 SE Oralabor Rd. Ankeny, IA 50021		2,500.00	
8/7/02	ID# CK#	Denny Elwell P.O. Box 187 Ankeny, IA 50021		2,500.00	
8/7/02	ID# CK#	Ronald M. Lamb. 13432 Lakeshore Dr. Clive, IA 50325		2,500.00	
8/7/02	ID# CK#	Glenn Destigter 3209 NE Trilein Dr. Ankeny, IA 50021		2,500.00	
8/13/02	ID# CK#	James Erickson 3818 Thornton Ave. Des Moines, IA 50321		1,000.00	
8/16/02	ID# CK#	C. Richard Stark, Jr. P.O. Box 898 Fort Dodge, IA 50501		1,000.00	
8/17/02	ID# 6069 CK# 1927	Iowa Industry PAC 904 Walnut, Ste. 100 Des Moines, IA 50309		250.00	

SUB-TOTAL $20,250.00

TOTAL *(if last page of this schedule)* $

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

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME *(Must be same as on Statement of Organization)*
Lamberti for Senate

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8/22/02	ID# CK#	James S. Cownie 141 37th St. Des Moines, IA 50312		$ 2,500.00	
8/22/02	ID# CK#	Dean S. Godwin 1002 NE 23rd Ct. Ankeny, IA 50021		500.00	
8/31/02	ID# 6116 CK# 1047	Iowa Dealers PAC P.O. Box 65840 West Des Moines, IA 50265		75.00	
9/2/02	ID# CK#	Milton J. DuKovich 13759 Bay Hill Ct. Des Moines, IA 50325		150.00	
9/3/02	ID# 6001 CK# 2182	Allied Group, Inc. PAC 701 5th Ave. Des Moines, IA 50391		500.00	
9/4/02	ID# 6021 CK# 1537	Iowa Credit Union PAC 3737 Westown Pkwy. West Des Moines, IA 50265		750.00	
9/5/02	ID# 6004 CK# 3980	Associated General Contractors of Iowa PAC PO Box 757 Des Moines, IA 50303		1,500.00	
9/11/02	ID# CK#	Kelly Housby 5003 Harwood Dr. Des Moines, IA 50312		1,000.00	
9/13/02	ID# 6062 CK# 1326	Iowa Certified Public Accountants PAC 950 Office Park Rd., Ste. 300 West Des Moines, IA 50265		500.00	
9/16/02	ID# 6052 CK# 2639	Independent Insurance Agents of Iowa PAC 4000 Westown Pkwy., Ste. 200 West Des Moines, IA 50265		300.00	
			SUB-TOTAL	$ 7,775.00	
			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
☐ CHECK THIS BOX IF AMENDING FORM	

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

Lamberti for Senate

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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
9/16/02	ID# 6059 CK# 2259	Iowa Committee of Automotive Retailers 1111 Office Park Rd, West Des Moines, IA 50265		$ 250.00	
9/17/02	ID# 6125 CK# 1966	Iowa Realtors PAC 1370 NW 114th St., Ste. 100 Clive, IA 50325		250.00	
9/17/02	ID# 6079 CK# 2035	Iowa Podiatry PAC 525 SW 5th St., Ste. A Des Moines, IA 50309		150.00	
9/18/02	ID# 6070 CK# 2707	Iowa Lawpac 521 E. Locust, Fl. 3rd Des Moines, IA 50309		300.00	
9/18/02	ID# 6112 CK# 1392	PACEG P.O. Box 855 Des Moines, IA 50304		500.00	
9/18/02	ID# 6323 CK# 2705	Master Builders of Iowa PAC 221 Park St, Des Moines, IA. 50303		500.00	
9/18/02	ID# 6064 CK# 1698	Iowa FoRE 8525 Douglas, Ste. 48 Des Moines, IA 50322		100.00	
9/19/02	ID# 6291 CK# 2159	IHA PAC 100 E. Grand Ave., Ste. 100 Des Moines, IA 50309		1,000.00	
9/20/02	ID# 6429 CK# 1719	Heavy Highway PAC 2415 Ingersoll Ave, Des Moine, IA 50312		250.00	
9/24/02	ID# 6064 CK# 1604	Iowa Dental Assoc. PAC 505 5th Ave., Ste. 333 Des Moines, IA 50309		750.00	
			SUB-TOTAL	$ 4,050.00	
			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
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Lamberti for Senate

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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
9/25/02	ID# 9659 CK# 1013	Federation of Iowa Insurers PAC 2141 Grand Ave, Des Moines, IA 50312		$250.00	
9/26/02	ID# 6067 CK# 2892	Iowa Health PAC 6750 Westown Pkwy., Ste. 100 West Des Moines, IA 50266		500.00	
9/28/02	ID# 6087 CK# 1221	Iowa Telecommunications Industry PAC 2987 100th St, Urbandale, IA 50322		300.00	
10/2/02	ID# 6004 CK# 3900	Associated General Contractors of Iowa PAC P.O. Box 757 Des Moines, IA 50303		2,500.00	
10/2/02	ID# CK#	Mary E. Segin 2817 NW 2nd Ct, Ankeny, IA 50021		100.00	
10/4/02	ID# 6073 CK# 518	Iowa Medical PAC 1001 Grand Ave, West Des Moines, IA 50265		1,000.00	
10/4/02	ID# CK#	Sac & Fox Tribe of the Mississippi in Iowa 349 Meskwaki Rd Tama, IA 52339		500.00	
10/7/02	ID# 6082 CK# 844	MidAmerican Energy Co. Effective Gov't. Committee 666 Grand Ave. P.O. Box 657 Des Moines, IA 50303		200.00	
10/8/02	ID# 6234 CK# 3817	Iowa Farm Bureau Federation PAC 5400 University Ave West Des Moines, IA 50266		100.00	
10/10/02	ID# 6155 CK# 004002	Taxpayers United P.O. Box 209 Muscatine, IA 52761		200.00	
			SUB-TOTAL	$5,650.00	
			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
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Lamberti for Senate

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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
10/12/02	ID# 8190 CK# 2852	VESTeam PAC 100 West Putnam Ave Greenwich, CT 06830		$ 200.00	
10/14/02	ID# 6042 CK# 1168	Grocers PAC 2540 106th St, Ste. 102 Des Moines, IA 50322		500.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 700.00	
			TOTAL ***(if last page of this schedule)***	$ 38,425.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Lamberti for Senate

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
7/16/02	ID# CK# 1137	Shannon Lamberti 2621 NW 17th St. Ankeny, IA 5002	Reimbursement for Candy for Parades	$ 174.10
7/22/02	ID# CK#	Wells Fargo Bank 910 E. 1st St. Ankeny, IA 50021	Bank Service Charge	16.02
8/20/02	ID# CK#	Wells Fargo Bank 910 E. 1st St. Ankeny, IA 50021	Bank Service Charge	15.78
9/2/02	ID# CK# 1139	Polk City Chamber of Commerce P.O. Box 226 Polk City, IA 50226	Big Creek Fall Bike Ride Sponsorship	90.00
✓ 9/4/02	ID# CK# 1140	Republican Party of Iowa Legislative Majority Fund 621 E. 9th St. Des Moines, IA 50309	Contribution	30,000.00
9/13/02	ID# CK# 1141	Bondurant Lions Club Bondurant, IA 50035	Sponsorship - Annual Golf Event	30.00
9/20/02	ID# CK#	Wells Fargo Bank 910 E. 1st St. Ankeny, IA 50021	Bank Service Charge	13.11
✓ 9/23/02	ID# CK# 1142	Republican Party of Iowa Legislative Majority Fund 621 E. 9th St. Des Moines, IA 50309	Contribution	8,000.00
			SUB-TOTAL	$ 38,339.01
			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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Lamberti for Senate

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
10/3/02	ID# CK# 1143	Republican Party of Iowa Legislative Majority Fund 621 E. 9th St Des Moines, IA 50309	Contribution	$ 5,000.00
10/11/02	ID# CK# 1144	Polk Co. Republican Party 621 E. 9th St. Des Moines, IA 50309	Contribution	250.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 5,250.00
			TOTAL ***(if last page of this schedule)***	$43,589.01

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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **F** (Rev. 08/96)	**LOANS RECEIVED & REPAID**

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Lamberti for Senate

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 1,000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			$

TOTAL *(PART I)* $ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
7/20/02	Jeffrey M. Lamberti 2621 NW 17th St. Ankeny, IA 50021	Self	$ 1,000.00

TOTAL CASH REPAYMENTS *(PART II)* $ 1,000.00

From Schedule E -- TOTAL LOANS FORGIVEN $ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 0.00

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