

FOR INSTRUCTIONS, SEE BACK OF FORM

pm10-18  
OCT 22 2002

**DISCLOSURE SUMMARY PAGE**

7002 2030 0002 7052 7494

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

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

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**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. Kraus* 515-280-4850  
**SIGNATURE OF TREASURER** (or person filing this report) **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, 2002 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 the first report filed.) ..... \$ 13,317.50

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 2,461.00

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** ..... \$ 2,461.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 15,000.00

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) ..... \$ 778.50

**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 <b>A</b> (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
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
08/09/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
08/23/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
09/06/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
SUB-TOTAL				\$ 14.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
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**COMMITTEE NAME** (Must be same as on Statement of Organization)

**ALLIED GROUP INC POLITICAL ACTION CMTE**

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09/20/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
10/04/02	ID# CK#	Laura Allen 2944 328th Place Adel, Ia 50003		2.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
08/09/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
SUB-TOTAL				\$ 50.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
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**COMMITTEE NAME** (Must be same as on Statement of Organization)

**ALLIED GROUP INC POLITICAL ACTION CMTE**

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08/23/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
09/06/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
09/20/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		20.00	
10/04/02	ID# CK#	Wesley K Austen 3302 NE Briarwood Drive Ankeny, Ia 50021		25.00	
07/26/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
08/09/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
08/23/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
09/06/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
09/20/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
10/04/02	ID# CK#	Christopher M Baggaley 2536 NW 162nd Street Des Moines, Ia 50325		7.50	
SUB-TOTAL				\$ 130.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>ALLIED GROUP INC POLITICAL ACTION CMTE</b>
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07/26/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
08/09/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
08/23/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
09/06/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
09/20/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
10/04/02	ID# CK#	John P Baum 5425 Boulder Drive West Des Moines, Ia 50266		5.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 34.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
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**COMMITTEE NAME** *(Must be same as on Statement of Organization)*

**ALLIED GROUP INC POLITICAL ACTION CMTE**

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09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

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

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(including candidate's personal funds)

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08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
08/09/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
08/23/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
09/06/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
09/20/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	
10/04/02	ID# CK#	Nathnael A Beyene 1332 Victoria Cir Norwalk, Ia 50211		10.00	

SUB-TOTAL \$ 64.00

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

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(including candidate's personal funds)

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07/26/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
08/09/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
08/23/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
09/06/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
09/20/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
10/04/02	ID# CK#	Robert C Breeden 1201 S G St Indianola, Ia 50125		3.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		4.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 25.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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(including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
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08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
08/09/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
08/23/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
09/06/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
09/20/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
10/04/02	ID# CK#	Lynda M Butler 172 57th Court West Des Moines, Ia 50266		20.00	
SUB-TOTAL				\$ 124.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
08/09/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
08/23/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
09/06/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
SUB-TOTAL				\$ 22.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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(including candidate's personal funds)

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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09/20/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
10/04/02	ID# CK#	Daniel D Ellett 705 SW Coventry Circle Ankeny, Ia 50021		4.00	
07/26/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
08/09/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
08/23/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
09/06/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
09/20/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
10/04/02	ID# CK#	Mark M Elming 6025 Blackstone Court Johnston, Ia 50131		10.00	
07/26/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
08/09/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
SUB-TOTAL				\$ 72.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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

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

**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
08/23/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
09/06/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
09/20/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
10/04/02	ID# CK#	Brian N Fajen 1207 23rd St West Des Moines, Ia 50266		2.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 14.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

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

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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
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 10.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
08/09/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
08/23/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
09/06/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
09/20/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
10/04/02	ID# CK#	Susan E Givant 3945 56th Street Des Moines, Ia 50310		5.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 34.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

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

**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
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
08/09/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
08/23/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
09/06/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
09/20/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	
10/04/02	ID# CK#	Craig A Green 6201 Ep True Parkway, Apt 9111 West Des Moines, Ia 50266		5.00	

SUB-TOTAL \$ 34.00

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

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

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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
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
08/09/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
08/23/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
09/06/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
SUB-TOTAL				\$ 86.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
09/20/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
10/04/02	ID# CK#	James J Hagenbucher 15215 Woodcrest Drive Clive, Ia 50325		20.00	
07/26/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
08/09/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
08/23/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
09/06/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
09/20/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
10/04/02	ID# CK#	Brett E Harman 3821 River Oaks Drive Des Moines, Ia 50312		5.00	
07/26/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
08/09/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	

SUB-TOTAL \$ 74.00

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

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

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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
08/23/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
09/06/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
09/20/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
10/04/02	ID# CK#	Peter E Karney 1235 43rd Des Moines, Ia 50311		2.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 14.00

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

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
07/26/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
08/09/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
08/23/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
09/06/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
09/20/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
10/04/02	ID# CK#	Lila L Konrad 1576 240th Avenue Pleasantville, Ia 50225		10.00	
07/26/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
08/09/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
08/23/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
09/06/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
SUB-TOTAL				\$ 72.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
09/20/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
10/04/02	ID# CK#	Randall J Kramer 4925 Valley View Lane West Des Moines, Ia 50265		3.00	
07/26/02	ID# CK#	Unitemized Receipt		0.50	
08/09/02	ID# CK#	Unitemized Receipt		0.50	
08/23/02	ID# CK#	Unitemized Receipt		0.50	
09/06/02	ID# CK#	Unitemized Receipt		0.50	
09/20/02	ID# CK#	Unitemized Receipt		0.50	
10/04/02	ID# CK#	Unitemized Receipt		0.50	
07/26/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
08/09/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
SUB-TOTAL				\$ 86.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

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

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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
08/23/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
09/06/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
09/20/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
10/04/02	ID# CK#	Steven P Larsen 61097 190th Street Nevada, Ia 50201		38.50	
07/26/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
08/09/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
08/23/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
09/06/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
09/20/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
10/04/02	ID# CK#	Gary L Lawrence 185 150th Avenue Carlisle, Ia 50047		2.00	
SUB-TOTAL				\$ 166.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

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

**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
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
08/09/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
08/23/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
09/06/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
SUB-TOTAL				\$ 14.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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

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

**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
09/20/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
10/04/02	ID# CK#	Allan S Lundquist 3151 N Cattail Creek Cumming, Ia 50061		2.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 12.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

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

**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
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
08/09/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
08/23/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
09/06/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
09/20/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	
10/04/02	ID# CK#	Michael McCrory 4519 99th Street Urbandale, Ia 50322		2.00	

SUB-TOTAL \$ 16.00

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

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

**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
07/26/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
08/09/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
08/23/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
09/06/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
09/20/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
10/04/02	ID# CK#	Susan J McGinness 401 Napa Valley Drive Waukee, Ia 50263		25.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL	\$ 154.00
<b>TOTAL (if last page of this schedule)</b>	\$

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

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

**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
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
08/09/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
SUB-TOTAL				\$ 12.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

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

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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
08/23/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
09/06/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
09/20/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
10/04/02	ID# CK#	John N Morse 1750 Andrews Dr. Pleasant Hill, Ia 50327		2.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 14.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
08/09/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
08/23/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
09/06/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
SUB-TOTAL				\$ 66.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
09/20/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
10/04/02	ID# CK#	Robert P O'Hollearn 5985 Maple Tree Circle Johnston, Ia 50131		15.00	
07/26/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
08/09/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
08/23/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
09/06/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
09/20/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
10/04/02	ID# CK#	Richard D Olsen 4625 91st Street Urbandale, Ia 50322		3.00	
07/26/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
08/09/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
SUB-TOTAL				\$ 58.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
08/23/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
09/06/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
09/20/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
10/04/02	ID# CK#	Melinda H Oosten 1795 Hawthorne Ridge Dr Waukee, Ia 50263		5.00	
07/26/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
08/09/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
08/23/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
09/06/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
09/20/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
10/04/02	ID# CK#	Mary R Ortman 1305 NE Lakeview Court Ankeny, Ia 50021		2.00	
SUB-TOTAL				\$ 32.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
07/26/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
08/09/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
08/23/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
09/06/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
09/20/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
10/04/02	ID# CK#	Robert M Parsons 1956 Chelsea Road Columbus, Oh 43212		20.00	
07/26/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
08/09/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
08/23/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
09/06/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
SUB-TOTAL				\$ 140.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

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

**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
09/20/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
10/04/02	ID# CK#	Barry B Paterson 3297 335th Street Waukee, Ia 50263		5.00	
07/26/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
08/09/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
08/23/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
09/06/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
09/20/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
10/04/02	ID# CK#	Kelly S Patterson 4516 93rd Street Urbandale, Ia 50322		10.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
SUB-TOTAL				\$ 72.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
08/09/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
08/23/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
09/06/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
09/20/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
10/04/02	ID# CK#	Douglas R Pearson 1105 N W Wagner Ct Ankeny, Ia 50021		2.00	
SUB-TOTAL				\$ 16.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
07/26/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
08/09/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
08/23/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
09/06/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
09/20/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
10/04/02	ID# CK#	Maureen J Rank 6520 SE Fifth Street #19 Des Moines, Ia 50315		10.00	
07/26/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
08/09/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
08/23/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
09/06/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
SUB-TOTAL				\$ 210.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
09/20/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
10/04/02	ID# CK#	Steve S Rasmussen 1077 Tulip Tree Lane West Des Moines, Ia 50266		37.50	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
08/09/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
SUB-TOTAL				\$ 86.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
08/23/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
09/06/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
09/20/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
10/04/02	ID# CK#	Jeff M Rommel 1001 SE Crawford Court Ankeny, Ia 50021		2.50	
07/26/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
08/09/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
08/23/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
09/06/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
09/20/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
10/04/02	ID# CK#	Robert A Rowe 2430 SE Rose Avenue Des Moines, Ia 50320-2235		15.00	
SUB-TOTAL				\$ 100.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
07/26/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
08/09/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
08/23/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
09/06/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
09/20/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
10/04/02	ID# CK#	Connie B Ruggless 1214 Lake Shore Drive Altoona, Ia 50009		4.00	
07/26/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
08/09/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
08/23/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
09/06/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
SUB-TOTAL				\$ 44.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
09/20/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
10/04/02	ID# CK#	Thad E Scarrow 9659 Forest Avenue Clive, Ia 50325		5.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	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 <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**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
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
08/09/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
08/23/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
09/06/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
09/20/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
10/04/02	ID# CK#	Timothy J Streck 2192 NW 148th Clive, Ia 50325		2.00	
<b>SUB-TOTAL</b>				\$ 16.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
07/26/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
08/09/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
08/23/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
09/06/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
09/20/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
10/04/02	ID# CK#	Jerome L Sychowski 9165 NW 73rd St Johnston, Ia 50131		10.00	
07/26/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
08/09/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
08/23/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
09/06/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
<b>SUB-TOTAL</b>				<b>\$ 72.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
09/20/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
10/04/02	ID# CK#	Jeffrey N Taylor 1212 8th Avenue SE Altoona, Ia 50009		3.00	
07/26/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
08/09/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
08/23/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
09/06/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
09/20/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
10/04/02	ID# CK#	Dick C Ury 4132 E. 24th Court Des Moines, Ia 50317		4.00	
07/26/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
08/09/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
SUB-TOTAL				\$ 40.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

SCHEDULE <b>A</b> (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
08/23/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
09/06/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
09/20/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
10/04/02	ID# CK#	Lyle D Walstrom 13934 Buena Vista Dr Urbandale, Ia 50323		5.00	
07/26/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
08/09/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
08/23/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
09/06/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
09/20/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
10/04/02	ID# CK#	Janet C Weibrecht 5609 Aspen Drive West Des Moines, Ia 50266		4.00	
SUB-TOTAL				\$ 44.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**For Instructions, See Back of Form**  
**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

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

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> <b>ALLIED GROUP INC POLITICAL ACTION CMTE</b>
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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
07/26/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
08/09/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
08/23/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
09/06/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
09/20/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
10/04/02	ID# CK#	Anne L Wilkinson 8120 Chambery Blvd Johnston, Ia 50131		3.00	
07/26/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
08/09/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
08/23/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
09/06/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	

SUB-TOTAL \$ 38.00

**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 <b>A</b> (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
09/20/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
10/04/02	ID# CK#	Diane C Williams 7043 Carey Court Johnston, Ia 50131		5.00	
07/26/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
08/09/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
08/23/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
09/06/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
09/20/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
10/04/02	ID# CK#	Thomas W Williams 6223 Pleasant St West Des Moines, Ia 50266		5.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	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 <b>A</b> (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
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	
07/26/02	ID# CK#	Unitemized Receipt		1.00	
08/09/02	ID# CK#	Unitemized Receipt		1.00	
08/23/02	ID# CK#	Unitemized Receipt		1.00	
09/06/02	ID# CK#	Unitemized Receipt		1.00	
09/20/02	ID# CK#	Unitemized Receipt		1.00	
10/04/02	ID# CK#	Unitemized Receipt		1.00	

SUB-TOTAL \$ 10.00

**TOTAL (if last page of this schedule)** \$ 2,461.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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 (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/09/02	ID# CK# 02188	Committee for Karen Balderston Karen Balderston 3978 Sutton Road Central City, Ia 52214	State House/legislature/rep General 2002/ia036 PAC Disbursement to Political Committee	250.00
08/28/02	ID# CK# 02185	Friends for Dix Bill Dix 908 H Avenue Grundy Center, Ia 50638	State House/legislature/rep General 2002/ia017 PAC Disbursement to Political Committee	500.00
08/13/02	ID# CK# 02179	Doug Gross for Governor Doug Gross P.O. Box 1814 Des Moines, Ia 50306	Governor General 2002/ia PAC Disbursement to Political Committee	750.00
10/09/02	ID# CK# 02195	Doug Gross for Governor Doug Gross P.O. Box 1814 Des Moines, Ia 50306	Governor General 2002/ia PAC Disbursement to Political Committee	2,500.00
08/28/02	ID# CK# 02186	Citizens for Brad Hansen Brad Hansen 1600 West Broadway Council Bluffs, Ia 51501	State House/legislature/rep General 2002/ia100 PAC Disbursement to Political Committee	500.00
10/09/02	ID# CK# 02194	Hoffman for Iowa House Clarence Hoffman 869 S. 5th Street Charter Oak, Ia 51439	State House/legislature/rep General 2002/ia012 PAC Disbursement to Political Committee	250.00
08/07/02	ID# CK# 02178	Iverson for Senate Stewart Iverson, Jr. P.O. Box 388 Clarion, Ia 50525	State Senate General 2002/ia009 PAC Disbursement to Political Committee	3,500.00
08/28/02	ID# CK# 02181	Kramer for State Senate Committee Mary Kramer 1209 Ashworth Road West Des Moines, Ia 50265	State Senate General 2002/ia030 PAC Disbursement to Political Committee	500.00
SUB-TOTAL				\$ 8,750.00
<b>TOTAL (if last page of this schedule)</b>				\$

**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>B</b>	MONETARY
(Rev. 09/97)	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 (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/28/02	ID# CK# 02182	Lamberti for Senate Jeff Lamberti 910 East 1st Street, Suite 210 Ankeny, Ia 50021	State Senate General 2002/ia035 PAC Disbursement to Political Committee	500.00
09/16/02	ID# CK# 02184	Committee to Elect Chuck Larson Chuck Larson 2091-290 Ave Sidney, Ia 51652	State Senate General 2002/ia019 PAC Disbursement to Political Committee	500.00
10/09/02	ID# CK# 02193	People for Mack Tom Mack 204 Highland Acres Road Marshalltown, Ia 50158	State House/legislature/rep General 2002/ia043 PAC Disbursement to Political Committee	250.00
08/28/02	ID# CK# 02183	McKibben for Senate Committee Larry McKibben 11 N. 1st Ave., P.O. Box 370 Marshalltown, Ia 50158	State Senate General 2002/ia022 PAC Disbursement to Political Committee	500.00
10/09/02	ID# CK# 02191	Nelson for State Representative Richard 'ike' Nelson 813 N. 23rd Street Ft. Dodge, Ia 50501	State House/legislature/rep General 2002/ia049 PAC Disbursement to Political Committee	250.00
10/09/02	ID# CK# 02189	Committee to Elect Don Palmer Don Palmer 1436-25th Street SE Cedar Rapids, Ia 52403	State House/legislature/rep General 2002/ia038 PAC Disbursement to Political Committee	250.00
10/09/02	ID# CK# 02190	Paulsen for State House Committee Kraig Paulsen P.O. Box 250 Hiawatha, Ia 52233	State House/legislature/rep General 2002/ia035 PAC Disbursement to Political Committee	250.00
08/28/02	ID# CK# 02180	Rants for State House Christopher Rants 2739 South Glass Street Sioux City, Ia 51106	State House/legislature/rep General 2002/ia054 PAC Disbursement to Political Committee	3,000.00
SUB-TOTAL				\$ 5,500.00
<b>TOTAL (if last page of this schedule)</b>				\$

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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>B</b>	MONETARY
(Rev. 09/97)	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 (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/28/02	ID# CK# 02187	Iowans for Van Fossen James Van Fossen 2435 Kimberly Road, Suite 290 N Bettendorf, Ia 52722	State House/legislature/rep General 2002/ia081 PAC Disbursement to Political Committee	500.00
10/09/02	ID# CK# 02192	Jim Van Fossen for State House Jim Van Fossen #13 Enchanted Island Davenport, Ia 52802	State House/legislature/rep General 2002/ia84 PAC Disbursement to Political Committee	250.00
<b>SUB-TOTAL</b>				<b>\$ 750.00</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 15,000.00</b>

**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).)