

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>6248</u>
Indexed	<u>KH</u>
Audited	_____
Computer	_____

#6248

COMMITTEE NAME American Federation of State, County, Municipal Employees Local 1868 Polk County

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 Slate of Candidates

David J. Hawkins
SIGNATURE OF TREASURER (or person filing this report)

515-286-3661
TELEPHONE

David J. Hawkins
10-15-02
DATE SIGNED

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

OCT 17 2002

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A OCTOBER 19, 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR. 40
(report date) Indicate one 2

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>842.62</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	<u>733.97</u>
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>1576.59</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	<u>1234.12</u>
Schedule F: Loan Repayments total (Attach Schedule F)	_____
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ <u>342.47</u>

UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ _____
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ _____
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES ___ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

For Instructions, See Back of Form

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

#6248

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

COMMITTEE NAME	American Federation of State, County, Municipal Employees Local 1868 Polk County
-----------------------	---

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
7/18/02, 8/1/02, 8/15/02 8/29/02, 9/12/02, 9/26/02, 10/10/02 ↓	ID#	GARY J AHN 409 W BROADWAY COLFAX, IA 50054		\$ 21.00	
	CK#				
	ID#	BARBARA POST-ALTHAUS 1510 THOMPSON DES MOINES, IA 50312		3.50	
	CK#				
	ID#	JAMES APPLEBY 1321 E 27 TH CT DES MOINES, IA 50315		28.00	
	CK#				
	ID#	GARY ASH 2335 E 34 TH STREET DES MOINES, IA 50317		17.50	
	CK#				
	ID#	ANGELA M BARNES 2719 42 ND ST DES MOINES, IA 50310		7.00	
	CK#				
ID#	FRED M BEATTIE 507 BROWN ST RUNNELLS, IA 50237		7.00		
CK#					
ID#	WILLIAM L BERNARD 1531 SEARLE DES MOINES, IA 50317		7.00		
CK#					
ID#	ROBERT E CONLEY JR 300 WALNUT #79 - 1203 DES MOINES, IA 50309		21.00		
CK#					
ID#	PAMELA K CONNER 2715 E 40 TH DES MOINES, IA 50317		21.00		
CK#					
ID#	ANGELA R CONNOLLY 4707 BEAVER DES MOINES, IA 50310		7.00		
CK#					
SUB-TOTAL				\$ 140.00	
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)

#6248

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

COMMITTEE NAME	American Federation of State, County, Municipal Employees Local 1868 Polk County
-----------------------	---

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
7/18/02, 8/1/02, 8/15/02 8/29/02, 9/12/02, 9/26/02, 10/10/02	ID# CK#	MARLENE M DESKIN 4205 PARK AVE, BLDG E1 #4 DES MOINES, IA 50321		\$ 3.00	
	ID# CK#	EDWARD L DOTY II 2017 E 27 TH ST DES MOINES, IA 50317		17.50	
	ID# CK#	CONNIE R EWING RR3 BOX 45B LEON, IA 50144		7.00	
	ID# CK#	DAVID HAWKINS 615 SE TITUS DES MOINES, IA 50315		35.00	
	ID# CK#	DAVID W HIBBARD 1042 BADGER CREEK RD VAN METER, IA 50261		42.00	
	ID# CK#	MARCI L HINES 2112 E 24 TH ST DES MOINES, IA 50317		28.00	
	ID# CK#	PAUL D HOUSTON 5644 NORTHVIEW PLACE WEST DES MOINES, IA 50266		3.50	
	ID# CK#	JOEL JOHNSON 10398 NW 44 TH POLK CITY, IA 50226		35.00	
	ID# CK#	MARK JONES 207 HART AVE DES MOINES, IA 50315		17.50	
	ID# CK#	GARY KENDELL 300 WALNUT ST #71 DES MOINES, IA 50309		3.84	

SUB-TOTAL

\$ 192.34

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)

#6248

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

COMMITTEE NAME	American Federation of State, County, Municipal Employees Local 1868 Polk County
-----------------------	---

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
7/18/02, 8/1/02, 8/15/02 8/29/02, 9/12/02, 9/26/02, 10/10/02	ID#	VAUGHN E LEWIS 6569 VISTA DRIVE #69207 WEST DES MOINES, IA 50266		\$14.63	
	CK#				
	ID#	RUDY LUCIA 3005 INDIANOLA AVE DES MOINES, IA 50315		14.00	
	CK#				
	ID#	MARLIN LUIING BOX 316 BONDURANT, IA 50035		35.00	
	CK#				
	ID#	LARRY DEAN NOBLE 3311 E AURORA DES MOINES, IA 50317		7.00	
	CK#				
	ID#	CHARLES RIPLEY, JR 1116 7 TH WEST DES MOINES, IA 50265		7.00	
	CK#				
ID#	MYNDI L SCHARF 4121 10 TH ST DES MOINES, IA 50313		7.00		
CK#					
ID#	LARRY J THOMSEN 404 GRANT ST, N BONDURANT, IA 50035		7.00		
CK#					
ID#	JOHN R. TYLER 3423 SW 8 TH ST DES MOINES, IA 50315		10.00		
CK#					
ID#	CHARLES F VERHEUL 107 4 TH STREET, NW MITCHELLVILLE, IA 50169		28.00		
CK#					
ID#	JAMES P WARD 4045 46TH DES MOINES, IA 50310		7.00		
CK#					
SUB-TOTAL				\$ 136.63	
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)

#6248

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

COMMITTEE NAME	American Federation of State, County, Municipal Employees Local 1868 Polk County
-----------------------	---

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
7/22/02	ID# CK#	AFSCME LOCAL 1868 111 COURT AVENUE #100 Des Moines, IA 50309		\$ 265. ⁰⁰	✓
	ID# CK#				

SUB-TOTAL \$ 265.00

TOTAL (if last page of this schedule) \$ 733.97

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

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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.

#6248

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

COMMITTEE NAME	American Federation of State, County, Municipal Employees Local 1868 Polk County
-----------------------	---

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
7/17/02	ID# CK#	US BANK 520 WALNUT ST DES MOINES, IA 50309	MONTHLY FEE JULY 2002	\$ 2.00
7/24/02	ID# CK# 1089	AFSCME PEOPLE 4320 NW 2 ND AVE DES MOINES, IA 50313	SPECIFIC INTENT DONATIONS	265.00
7/30/02	ID# CK# 1090	HOCKENSMITH FOR SUPERVISOR 1816 E 22 ND ST DES MOINES, IA 50317	CONTRIBUTION	250.00
8/15/02	ID# CK#	US BANK 520 WALNUT ST DES MOINES, IA 50309	MONTHLY FEE AUGUST 2002	2.00
9/4/02	ID# CK# 1091	AFSCME PEOPLE 1625 L STREET, NW WASHINGTON, DC 20036	SPECIFIC INTENT DONATIONS	213.12
9/16/02	ID# CK#	US BANK 520 WALNUT ST DES MOINES, IA 50309	MONTHLY FEE SEPTEMBER 2002	2.00
9/17/02	ID# CK# 1092	COMM TO RE-ELECT ANGELA CONNOLLY 4707 NW BEAVER DES MOINES, IA 50310	CONTRIBUTION	250.00
10/4/02	ID# CK# 1093	KENDELL FOR COUNTY ATTORNEY PO BOX 643 INDIANOLA, IA 50125	CONTRIBUTION	250.00
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$1234.12

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).)