FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Chiodo for State Representative

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

(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

For Office Use Only
Comm. # 1013
Indexed e
Audited
Computer

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

OCT 30 2002
h.d.

X Frank J. Chiodo
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** 10/30/02 **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 11-1-02 REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate one ☐

☐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.) .....$ 26,965.93

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 7,000.00

Schedule F: Loans Received total (Attach Schedule F)..... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 15,514.53

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) .....$ 18,451.40

****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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Chiodo for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-RAISER INCOME
10/18/02	ID# CK# 155516	NRA - Political Victory 11250 Waples Mill Rd Fairfax, VA 22030		$100.00/100	
10/18/02	ID# CK# 1089	Effective Govt Committee 607 14th St NW St 800 Wdc 20005		500.00/100	
10/19/02	ID# 6073 CK# 524	Iowa Medical Pac 1001 Grand Ave WDM, IA 50265		1,500.00/100	
10/19/02	ID# 6146 CK# 1428	Homebuilders Association (PAC) 90001 Hickman Rd URBANDALE, IA 50322		250.00/100	
10/20/02	ID# CK# 1506	SITI Pac 300 SW 5th St Ste 100 Des Moines, IA 50309		100.00/100	
10/20/02	ID# 6160 CK# 2059	Iowa Independent Bankers 1603 22nd Street Suite 202 WDM, IA 50266		150.00/100	
10/20/02	ID# CK# 2165	Iowa Cable Pac P.O. Box 41457 Des Moines, IA 50311		200.00/100	
10/20/02	ID# 6077 CK# 1639	Iowa Pharmacy 8515 Douglas, Suite K Des Moines, IA 50322		200.00/100	
10/21/02	ID# 6282 CK# 1223	Hy-Vee Pac 5820 Westown Parkway WDM, IA 50266		250.00/100	
10/21/02	ID# CK# 1044	Brian Johnson 1405 Court St Adel, IA 50003		150.00/100	
			SUB-TOTAL	$3400.00/100	
			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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Chiodo for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-RAISER INCOME
10/22/02	ID# 6070 CK# 2807	Iowa Lawpac 521 East Locust Des Moines, Ia 50309		$500.00/100	
10/22/02	ID# 6162 CK# 1281	Iowa Agribusiness Employees (PAC) 900 Des Moines Street Des Moines, Ia 50309		$200.00/100	
10/23/02	ID# 6058 CK# 3217	Iowa Bev Pac 310 Northwestern Bldg Des Moines, Ia 50309		$500.00/100	
10/23/02	ID# 6064 CK# 1784	Iowa FoRE 8525 Douglas Ave Des Moines, Ia 50322		$400.00/100	
10/24/02	ID# CK# 2156	Tom Whitney 666 Grand Ave Des Moines, Ia 50309		$300.00/100	
10/25/02	ID# 6109 CK# 3082	Wells Fargo (PAC) 666 Walnut Street Des Moines, Ia 50304		500.00/100	
10/30/02	ID# 6046 CK# 3618	Justice for all Pac 218 6th Ave Ste 526 Des Moines, Ia 50309		$1,200.00/100	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $3600.00/100

TOTAL *(if last page of this schedule)* $7000.00/100

* 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

Reset 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)*

Chiodo for State Representative

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
10/15/02	ID# CK# 1052	Bordenaros Pizza 6108 SW 9th Des Moines, Ia 50315	food for Volunteers	$30.00/100
10/15/02	ID# CK# 1053	Truman fund Ia Dem Party	Contributions	$1,000.00/100
10/16/02	ID# CK# 1054	Truman fund Ia Dem Party	"	$4,000.00/100
10/16/02	ID# CK# 1055	63rd Deli 6151 Thornton Ave suite 140 Des Moines, Ia 50321	Pizza for Phone Bank Volunteers	$100.00/100
10/21/02	ID# CK# 1056	Sprint 4520 University Ave WDM, Ia 50266	New cell phone purchase.	$529.00/100
10/22/02	ID# CK# 1057	Polk County Dem Party ~~Party~~	contribution	$250.00/100
10/26/02	ID# CK# 1058	House Truman fund Ia Dem Party	"	$1,000.00/100
10/26/02	ID# CK# 1059	House Truman fund Ia Dem Party	"	$1,000.00/100

SUB-TOTAL $7,909.00/100

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

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing $500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)*

Chiodo for State Representative

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
10/26/02	ID# CK# 1060	House Truman fund Ia Dem Party	contribution	$1,000.00/100
10/26/02	ID# CK# 1124	Sprint PCS 4520 university Ave WDM, Ia 50266	cell Phone Bill	$205.53/100
10/27/02	ID# CK# 1125	House Truman Fund Ia Dem Party	contribution	$1,000.00/100
10/28/02	ID# CK# 1126	House Truman Fund Ia Dem Party	"	$500.00/100
10/29/02	ID# CK# 1127	House Truman Fund Ia Dem Party	"	$500.00/100
10/29/02	ID# CK# 1128	House Truman Fund Ia Dem Party	"	$1,000.00/100
10/29/02	ID# CK# 1129	House Truman Fund Ia Dem Party	"	$1,000.00/100
10/29/02	ID# CK# 1130	House Truman Fund Ia Dem Party	"	$500.00/100
			SUB-TOTAL	$5,705.53/100
			TOTAL ***(if last page of this schedule)***	$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing $500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)*

Chiodo for State Representative

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
10/29/02	ID# CK# 1131	House Trust Fund Ia Dem Party	contribution	$500.00/100
10/30/02	ID# CK# 1132	House Trust Fund Ia Dem Party	"	$1,400.00/100
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$1,900.00/100
			TOTAL (*if last page of this schedule*)	$15,514.53

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).)