

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm #	586
Indexed	<i>[initials]</i>
Audited	
Computer	

NOV - 1 2002

COMMITTEE NAME (Must be same as on Statement of Organization)
Gov for Representative Committee **FILED** *pm illeg*

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

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

Cheryl G... *563 382 5419* *10/29/02*
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 10/29/02 REPORT FOR AN/A (1) ELECTION/(2)NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

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

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.)

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.)

\$ 6690⁴⁹

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 3240⁰⁰
 Schedule F: Loans Received total (Attach Schedule F) -0-
 Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 9930⁴⁹

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) -0-
 Schedule F: Loan Repayments total (Attach Schedule F) -0-

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

\$ 9930⁴⁹

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ -0-
 IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ -0-
 OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ -0-

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO
 VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 450

For Instructions, See Back of Form

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

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

Coop for Representative Committee

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

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
✓ 10/16/02	ID# 6475 CK# 2631	Casey's PAC PO Box 3001 Ankney, Iowa 50021-8045		\$ 250 -	
✓ 10/16	ID# 6411 CK# 1232	MCI Iowa PAC 707 17th St., Suite 3600 Denver, Colorado, 80202-3436		200 -	
✓ 10/17	ID# 6042 CK# 1164	Grocers Political Action Committee 2540 106th St Ste 102 Des Moines, Iowa 50322		500 -	
✓ 10/10	ID# 6282 CK# 1221	HyVee, Inc. Employees PAC 5820 Westown Parkway West Des Moines, Iowa 50266-8223		250 -	
10/19	ID# CK# 2969	Charles J Gassmann 1013 NE 23rd St Ankney, Iowa 50021		50 -	
✓ 10/19	ID# 6250 CK# 2174	Iowa Cable PAC PO Box 41457 Des Moines, Iowa 50311		250 -	
10/23	ID# CK# 4304	Mary + Quentin Quendell 1470 180th St Osceola Iowa 52161		20 -	
10/23	ID# CK# 7967	Don + Pat Cleland 809 Pale Lane Rd Portville, Iowa 52162		50 -	
✓ 10/23	ID# 6098 CK# 3224	Iowa Beverage PAC 310 Northwind Blvd 321 E Walnut St Des Moines, Iowa 50309		250 -	
✓ 10/24	ID# 6077 CK# 1610	Iowa Pharmacy PAC 8515 Douglas, Suite 16 Des Moines, Iowa 50322		200 -	
SUB-TOTAL				\$ 2000 -	
TOTAL (if last page of this schedule)				\$ 2000 2000	

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

For Instructions, See Back of Form

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
600 for Representative Committee

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

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
✓ 10/24/02	ID# 6162 CK# 1278	Iowa Republican Employees PAC 900 Des Moines Street, Suite 150 Des Moines, Iowa 50309		\$ 100 ⁻	
✓ 10/25/02	ID# 6070 CK# 2857	Iowa Law PAC 521 E. Locust St., #23-D Des Moines, Iowa 50309-1439		200 ⁻	
✓ 10/25	ID# 6058 CK# 2202	Iowa Chapter Society 1605 N. Ankeny Blvd, Suite 100 Ankeny, Iowa 50021-4159		800 ⁻	
10/26	ID# CK# 3455	Roy and Donally Wondling 747 Dan Ave. Waukegan, Iowa 52172		20 ⁻	
10/28	ID# CK# 3455	Brian Johnson 6824 Panorama Dr. Panora, Iowa 50216		100 ⁻	
	ID# CK#				

SUB-TOTAL
\$1220
 TOTAL (if last page of this schedule)
\$3240⁰⁰

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THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

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

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

Gov for Representative Committee

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
<i>6/18/99</i>	<i>Combination fax machine, copier, printer and scanner</i>	<i>\$771⁶⁵</i>	<i>\$450</i>

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

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ *450*

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

* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)