

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

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

DISCLOSURE BOARD

NOV - 1 2002
 pm 10:30

FILED

FORM DR-2 (Rev. 01/2001) DISCLOSURE REPORT

For Office Use Only

Comm. # 1360

Indexed u

Audited _____

Computer _____

CANDIDATE COMMITTEES ONLY:

Candidate Name Nancy J. GLAWE Political Party Republican

Office Sought STATE REPRESENTATIVE District (if Senate or House) 85-HOUSE

James D. Glawe (563) 391-9359 10/30/02

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 OCT 15 2002 - OCT 29 2002 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.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ 2840.36

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) ... 2,716.84

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) \$ 323.52

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 7,991.97

**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) \$ _____

For Instructions, See Back of Form

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

SCHEDULE A (Rev. 06/97)	MO: RE:
<input type="checkbox"/> CHECK THE AMENDING	

COMMITTEE NAME (Must be same as on Statement of Organization)
GLAWE FOR STATE HOUSE

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 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
✓ 10/22/02	ID# 72-109/739 CK# 5084	FAS PAC FAREWAY STORES, INC PAC 2600 E 8th ST BOONE IA 50036		\$ 100.00
10/26/02	ID# CK# 4604	SAM E. WILSON 1120 E. 46th ST DAVENPORT IA 52806		100.00
	ID# CK#			

SUB-TOTAL \$ 200.00
TOTAL (if last page of this schedule) \$ 200.00

* 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

SCHEDULE B (Rev. 09/97)	MONEY EXPENDITURE
<input 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)
GLAWE FOR STATE HOUSE

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# 1045	POST MASTER, N.W. STATION DAVENPORT, IA 52806	Registered MAIL To ETHICS Board. 7/15/02-10/14/02 REPORT	\$ 4,885
10/21/02	ID# CK# 1046	POST MASTER N.W. STATION DAVENPORT, IA 52806	100 . 23¢ STAMPS	23.00
10/29/02	ID# CK# 1047	NANCY GLAWE 4311 WITTMANN DAVENPORT, IA 52806	1/2 TV Promotion PAID ON VISA. A/P on Schd D - LAST REPORT	2,500.00
10/29/02	ID# CK# 1048	NANCY GLAWE 4311 WITTMANN DAVENPORT, IA 52806	Office Max. Stationery West High Food Hunger Drive Fareway. Mileage, Various	188.9
	ID# CK#			
SUB-TOTAL				\$ 2,716.8
TOTAL (if last page of this schedule)				\$ 2,716.8

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).)

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

GLAWE FOR STATE HOUSE

CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	IF FUND-Raising CONTRIBUTION
✓ 10/15/02	REPUBLICAN PARTY OF IA 621 EAST 9TH DES MOINES, IA 50309		Victory Entry FOR TV ad.	\$ 187.50	
✓ 10/16/02	Republican Party of IA 621 EAST 9TH DES MOINES, IA 50309		MAIL HOUSE ENC. # FOR POSTAGE	3,420.13	
✓ 10/24/02	Republican Party of IA 621 EAST 9TH DES MOINES, IA 50309		ANDERSON BROS. FOR PRINTING	4,384.34	

SUB-TOTAL \$ 7,991.97

TOTAL (If last page of this schedule) \$ 7,991.97

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.

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GLAWE FOR STATE HOUSE

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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

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

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

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

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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CHECK THIS BOX IF AMENDING FORM

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Mailing Address		
City	State	Zip Code

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

CONTRACT PERIOD (MM/DD/YR)

From _____	\$	
To _____		

ESTIMATES OF PERFORMANCE

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL

\$	0
\$	0

TOTAL (If last page of this schedule)

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

GLAWE FOR STATEHOUSE

ATTACH SCHEDULE H TO,
EACH REPORT, MAKING
CHANGES AS REQUIRED.

CHECK THIS BOX IF
AMENDING FORM

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

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) \$ _____

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

TOTALS \$ 0 \$ 0

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

(Attach Additional Schedules if Needed)