

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Grangow For State House Comm

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Polly Grangow Political Party: Republican
 Office Sought: House Seat District (if Senate or House): 44
 Date: OCT 30 2002 Time: pm 10:29

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1381</u>
Indexed	<u>SW</u>
Audited	<u>10-31-02</u>
Computer	<u>WRS</u>

SIGNATURE OF TREASURER (or person filing this report): S. B. Grosley Treas. TELEPHONE: 641-939-3194 DATE SIGNED: 10-29-02

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 11-10-02 Oct 29, 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
Nov 5, 2002
 County & Local Committees, enter County in which Election is held
Hardin

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>1565.97</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>14822.72</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>16388.69</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>10074.81</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>6313.88</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>6524.60</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>3500.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES X NO</u>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>200.00</u>

For Instructions, See Back of Form

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

NOV - 1 2002
FILED

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Granzow for State House 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.

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
✓ 10/21/02	ID# 6160 CK# 2046	IA Independent Bankers PAC 1603 22nd, Ste. 202 West Des Moines, IA 50266		\$ 150.00	
✓ 10/21/02	ID# 6027 CK# 2040	Deeja PAC Iowa 666 Grand Ave., Ste. 1707 Des Moines, IA 50309-2507		250.00	
✓ 10/23/02	ID# 8331 CK# 1381	Well PAC 636 Grand Ave., Station 13 Des Moines, IA 50309		250.00	
10/26/02	ID# CK# 4735	Mr. & Mrs. Glenn Hinders PO Box 383 Eldora, IA 50627		25.00	
10/26/02	ID# CK# 2896	Darrell & Yukona Adams 10959 Co. Hwy S41 Iowa Falls, IA 50126		25.00	
✓ 10/26/02	ID# CFD 6069 CK#	IIPAC-Iowa Industrial PAC 904 Walnut St., Ste. 100 Des Moines, IA 50309		500.00	
✓ 10/26/02	ID# 6300 CK# 5071	Fas PAC 2600 E. 8th St. Boone, IA 50036		100.00	
✓ 10/26/02	ID# 6070 CK# 2841	Iowa Law PAC 521 E. Locust St., Flr 3rd Des Moines, IA 50309		150.00	
✓ 10/25/02	ID# CK#	Republican Party of Iowa 621 E. 9th St. Des Moines, IA 50309		3,482.72	
✓ 10/23/02	ID# CK# Wire	Victory Enterprises-Republican Party of Iowa 5200 SW 30th St. Davenport, IA 52802		9,390.00	
SUB-TOTAL				\$ 14,322.72	
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)

NOV - 1 2002

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

COMMITTEE NAME (Must be same as on Statement of Organization) **FILED**
Granzow for State House 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.

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
✓ 10/21/02	ID# 6269 <i>6279</i> CK# 2021	Iowa Opthomology PAC 6269 1501 50th St., Ste. 133 West Des Moines, IA 50206		\$ 200.00	
10/24/02	ID# CK# 1570	Alan & Cindy Wells 8000 Tibyron Place Johnston, IA 50126		250.00	
<i>10/24/02</i>	ID# CK#	Kenneth & Ruth Krueger 323 Lee Lane Iowa Falls, IA 50126		50.00	
	ID# CK#				
SUB-TOTAL				\$ 500.00	
TOTAL (if last page of this schedule)				\$ 14,822.72	

* 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.

NOV - 1 2002

FILED

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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Granzow for State House Committee

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
10/20/02	ID# CK# 1066	IA. Newspaper Association 319 E. 5th St. Des Moines, IA 50309	Customized Newspaper advertising	\$ 746.00
10/21/02	ID# CK# 1067	Polly Granzow 22978 S 55 Eldora, IA 50627	laminating for yard signs- Iowa Falls Printing, 305 Main St., Iowa Falls, IA 50126	244.33
10/21/02	ID# CK# 1068	Victory Enterprises (Kelli Grubs) 5200 SW 30th St. Davenport, IA 52802	Advertising	8,665.92
10/21/02	ID# CK#	Hardin Co. Savings Bank Eldora, IA 50627	wire charge to receive dep from Victory Enterprises	10.00
10/26/02	ID# CK# 1069	RHL, Polly Mastercard	RHL- yard Signs	398.56
10/26/02	ID# CK#	Hardin Co. Savings Bank Eldora, IA 50627	wire charge to receive check dep from RHL for Yard signs	10.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 10,074.81
TOTAL (if last page of this schedule)				\$ 10,074.81

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)
Granger For State House Comm

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 \$ 3500.00

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
			\$ <i>00</i>

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$ <i>00</i>

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3500.00

*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 when it applies.