

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1382
Indexed	SW
Audited	
Computer	

OCT 31 2002
pm 10-29

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

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

Marvin J. Krueger 712-323-4292 Oct. 29, 2002

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 October 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 11-06-02
County & Local Committees, enter County in which Election is held POTT.

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.) \$ 3601.23

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1650.00

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 \$ 5251.23

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 3821.46

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) \$ 1429.77

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 1500.00

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 15561.75

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 1000.00

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
<input type="checkbox"/> 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)
GROTE 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 or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUNDRAISING INCOME
✓ 10-21-02	ID# 6027 CK# 2043	Deere PAC Iowa 666 Grand Avenue, Suite 1707 Des Moines, Ia. 50309-2507		\$ 250.00	
✓ 10-21-02	ID# 6107 CK# 3277	QWest IPAC 925 High St. 9S9. Des Moines, Ia. 50309		100.00	
✓ 10-22-02	ID# 6160 CK# 2079	Iowa Independent Bankers 1603 22nd St. West Des Moines, Ia. 50266		150.00	
✓ 10-22-02	ID# CK#	Fultman Company 1200 57th St. West Des Moines, Ia. 50266		100.00	
✓ 10-22-02	ID# CK#	WellPac 636 Grand Avenue Des Moines, Ia. 50309		250.00	
✓ 10-17-02	ID# 6099 CK# 636	Meredith Corporation Norwest Bank Iowa, N.A. Des Moines, Iowa		300.00	
✓ 10-25-02	ID# CK#	SW Iowa Association of Realtors 500 So. 8th St. Council Bluffs, Ia 51501		500.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 1650.00	

* 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 Iowa 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. 08/97)	MONETARY EXPENDITURES
<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)

GROTE 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
10-23-02	ID# CK#	Daily Nonpareil 117 Pearl St. Council Bluffs, Ia. 51503	Campaign ad	756.00 \$
10-23-02	ID# CK#	County Auditor 227 So. 6th St. Council Bluffs, Ia. 51501	Absentee ballot labels	12.45
10-23-02	ID# CK#	Postmaster 8 So. 6th St. Council Bluffs, Ia.	Stamps	222.00
10-23-02	ID# CK#	Hallmark Cards Mall of the Bluffs Council Bluffs, Ia. 51503	Thank you cards	10.59
10-23-02	ID# CK#	Postmaster 8 So. 6th St. Council Bluffs, Ia.	Stamps	222.00
10-23-02	ID# CK#	County Auditor 227 So. 6th St. Council Bluffs, Ia.	Labels	3.60
10-24-02	ID# CK#	Anderson Camera 106 W. Broadway Council Bluffs, Ia. 51503	Photos	21.36
10-24-02	ID# CK#	County Auditor 227 So. 6th St. Council Bluffs, Ia.	Labels	7.25
SUB-TOTAL				\$ 1255.25
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchase 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 66.6(3)(g).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B <small>(Rev. 08/97)</small>	MONETARY EXPENDITURES
<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)
GROTE FOR STATE HOUSE

DATE EXPENDED (MMDD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-24-02	ID# CK#	A Plus Printing 37 So. Main St. Council Bluffs, Ia. 51503	Campaign mailer	730.81 \$
10-24-02	ID# CK#	County Auditor 227 So. 6th St. Council Bluffs, Ia.	Labels	6.95
10-24-02	ID# CK#	South Side Press 1220 Second Ave. Council Bluffs, Ia. 51501	Campaign mailers	500.76
10-24-02	ID# CK#	County Auditor 227 So. 6th St. Council Bluffs, Ia.	Labels	4.80
10-24-02	ID# CK#	Daily Nonpareil 117 Pearl st. Council Bluffs, Ia. 51503	Campaign ad	630.00
10-24-02	ID# CK#	County Auditor 227 So. 6th St. Council Bluffs, Ia.	Labels	11.70
10-24-02	ID# CK#	County Auditor 227 So. 6th St. Council Bluffs, Ia.	Labels	8.20
10-25-02	ID# CK#	Postmaster 8 So. 6th St. Council Bluffs, Ia.	Stamps	111.00
SUB-TOTAL				\$ 2004.22
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 88.6(3)(g).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 08/87)	MONETARY EXPENDITURES
<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)

GROTE FOR STATE HOUSE

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-25-02	ID# CK#	Daily Nonpareil 117 Pearl St. Council Bluffs, Ia.	Campaign ad	559.44 \$
10-25-02	ID# CK#	County Auditor 227 So. 6th St. Council Bluffs, Ia.	Labels	2.55
	ID# CK#			
SUB-TOTAL				\$ 561.99
TOTAL (if last page of this schedule)				\$ 3821.46

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 68.6(3)(g).)

OR INSTRUCTIONS, SEE BACK OF FORM

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

GROTE FOR STATE HOUSE

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (M/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
✓ 10-10-02	Republican Party of Iowa 521 East Locust Des Moines, Iowa		Filming	\$ 240.28	
✓ 10-10-02	Republican Party of Iowa (see above)		Postage	4196.28	
✓ 10-15-02	Republican Party of Iowa		Media buys	5964.32	
✓ 10-18-02	Republican Party of Iowa		Printing	5160.87	

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 15561.75

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

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10-16-02	Shawn Bros. Sign Company 107 Hinth Av. Council Bluffs, Ia. 51501	Campaign signs	\$1000.00
10-16-02	Catherine's Catering 829 Avenue A Council Bluffs, Ia 51501	Catering service - fund raising party	500.00
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1500.00

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future

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

GROTE FOR STATE HOUSE

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1000.00

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.)

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

TOTAL (PART I) \$ _____

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

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

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1000.00

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 booklet.) 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.