

DISCLOSURE SUMMARY PAGE

10-29 Report

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>14325</u>	
Indexed <u>2</u>	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Nelson For State Representative

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 Slate of Candidates

NOV - 1 2002
FILED pm 10:30

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Richard "Ike" Nelson</u>	Political Party <u>Republican</u>
Office Sought <u>State Representative</u>	District (if Senate or House) <u>49</u>

Kenneth L Johnson
Kenneth L Johnson - Treasurer

SIGNATURE OF TREASURER (or person filing this report)

515-576-6323
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 October 29 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 _____

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.)	\$	<u>315.52</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>7500.00</u>
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	\$	<u>7815.52</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>7108.84</u>
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)	\$	<u>706.68</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>-0-</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>-0-</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>-0-</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ -0-

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)

Nelson 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 FU: RAI: INCI
✓ 10-16	ID# 6069 CK# 1992	Iowa Industry PAC		\$500.00	
✓ 10-16	ID# CK# 2191	Allied Group Inc PAC		250.00	
✓ 10-17	ID# 6027 CK# 2038	Deere PAC Iowa		500.00	
10-17	ID# CK# 4548	Virginia Kelley		25.00	
10-17	ID# CK# 6360	Michael Trotter		100.00	
✓ 10-17	ID# 6107 CK# 3276	Quest IPAC		100.00	
10-17	ID# CK# 4000	Charles L Dagle MD		50.00	
✓ 10-17	ID# 6125 CK# 2044	Iowa Realtors PAC		250.00	
✓ 10-17	ID# 6082 CK# 802	Mid American Energy Effective Government Committee		200.00	
10-17	ID# CK# 10320	Gilbert F Stonek		25.00	
SUB-TOTAL				\$ 2,000.00	
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)

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)
Nelson 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 FULLY PAID INCOME
10-21	ID# CK# 397	Tom and Beth Schnurr		\$ 25.00	
10-21	ID# CK# 10542	Eldon and Joan Hovey		25.00	
✓ 10-22	ID# CK# 1174	Well PAC		250.00	
✓ 10-22	ID# 6146 CK# 1437	Home Builders Assoc PAC		100.00	
✓ 10-25	ID# CK# 5072	Freeway Stores PAC		100.00	
✓ 10-25	ID# CK# 1310	Iowa Telecom		200.00	
✓ 10-25	ID# 6058 CK# 2171	Iowa Chiropractors Society		100.00	
✓ 10-22	ID# CK#	Republican Party of Iowa		4700.00	
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$ 5500.00	
TOTAL (if last page of this schedule)				\$ 7500.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY 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)
Nelson 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
10-16	ID# CK# 2042	Postmaster - Fort Dodge	Postage stamps	\$ 222.00
10-16	ID# CK# 2043	MATT Mollinger Fort Dodge	Computer Run for Names of Absentee Ballots	25.00
10-17	ID# CK# 2044	office May Ft Dodge	Envelopes and Ink	100.66
10-22	ID# CK# 2045	Postmaster Fort Dodge	stamps	74.00
10-24	ID# CK# 2046	office May Ft Dodge	Gummed Labels	21.19
10-25	ID# CK# 2047	Consumer News Ft Dodge	Large Ads	113.85
10-25	ID# CK# 2048	KIQA Radio Ft Dodge	Radio Ads N-97	500.00
10-26	ID# CK# 2049	office May Ft Dodge	Envelopes	29.45
SUB-TOTAL				\$ 1086.15
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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY 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)
Nelson 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
10-27	ID# CK# 2050	Joselyn Stationery Ft Dodge	Envelopes and Printing	\$ 48.75
10-29	ID# CK# 2051	Walmart Store Ft Dodge	Donuts and G/Lfee for Vincent Coop Meeting	10.68
10-29	ID# CK# 2052	Fred Larson Ft Dodge	Photos for Ads	30.00
10-29	ID# CK# 2053	Radio K1QA Ft Dodge	Balance Due on Radio Ads	25.00
10-29	ID# CK# 2054	Ft Dodge Messenger Ft Dodge	3 Day Large Ad	602.87
10-29	ID# CK# 2055	Joselyn Press Ft Dodge	Xerox Copies	7.95
10-29	ID# CK# 2056	Duncombe Gas + Restaurant Duncombe, IA	coffee and Rolls for customers	25.00
10-29	ID# CK# 2057	Walmart store Ft Dodge	Donuts for Meeting with City Employees	15.72
SUB-TOTAL				\$ 765.97
TOTAL (if last page of this schedule)				\$

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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

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY 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)
Nelson 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
10-23	ID# CK# <i>Wife</i>	<i>Victory Enterprises 5200 SW 30th St Des Moines, IA 52802</i>	<i>Radio Ads</i>	\$ 5256.72
	ID# CK#			
SUB-TOTAL				\$ 5256.72
TOTAL (if last page of this schedule)				\$ 7108.84

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)(f).)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Nelson for state Representative

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISED CONTRIBUTION
	<i>None</i>			\$	
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE
F
(Rev. 08/96)

**LOANS
RECEIVED
& REPAYED**

CHECK THIS BOX IF
AMENDING FORM

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

Nelson For State Representative

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ None

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
	<i>None</i>		\$

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 REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

G BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
(Rev. 02/96)

CHECK THIS BOX IF AMENDING FORM

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

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.)

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

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

SUB-TOTAL	\$
TOTAL (If last page of this schedule)	\$ <i>None</i>

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

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) \$ None

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

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

(Attach Additional Schedules if Needed)