

**FORM DR-2: Disclosure Summary Page**

Status: **Amended**

ID #: **1318**

Committee: **Paulsen for State House Committee**

Comm Type: **State House**

Date Due: **11/01/2002**

Report Year: **2002**

Treasurer: **Douglas R Dix**

**Primary Ph. (319)378-5571 Secondary Ph. (-)**

Chair: **Kraig M Paulsen**

**Primary Ph. (319)294-2062 Secondary Ph. (-)**

County: **Linn**

Amended: **3/25/03**

Statutory Due Date	11/01/2002
Adjusted Due Date	/ /
Received Date	11/04/2002
Postmark Date	10/31/2002
Amended	03/25/2003

**Statement of Cash on Hand**

Cash on Hand at Start of Period	<b>\$8,358.47</b>
Schedule A: Cash contributions Total	<b>\$17,065.00</b>
Schedule F: Loans Received Total	<b>\$0.00</b>
Schedule H: Campaign Property Sales	<b>\$0.00</b>
<b>SUB-TOTAL</b>	<b>\$25,423.47</b>
Schedule B: Expenditure Total	<b>\$13,271.62</b>
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	<b>12,151.85</b>

**Additional Assets and Liabilities**

Loans in Place at Start of Period	<b>\$0.00</b>
Schedule D: UnPaid Bills	<b>\$1,927.93</b>
Schedule E: In-Kind Contributions	<b>\$6,891.46</b>
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	<b>\$0.00</b>
Schedule G: Consultant Breakdown?	<b>No</b>
Schedule H: Campaign Property Value	<b>\$0.00</b>

FOR INSTRUCTIONS, SEE BACK O. IRM

DISCLOSURE SUMMARY PAGE



<b>FORM DR-2</b> (Rev. 05/2002)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1318
Indexed	<input checked="" type="checkbox"/>
Audited	2-24-03
Computer	WR5

S

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

**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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name Kraig Paulsen	Political Party Republican
Office Sought State House	District (if Senate or House) 35

NOV - 4 2002  
PM 10-31  
FILED  
10/30/02  
DATE SIGNED

*[Signature]*  
SIGNATURE OF TREASURER (or person filing this report)

319.294.2062  
TELEPHONE

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 November 1 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.) 518,784.31 \$ 7,745.31

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	17,065.00
Schedule F: Loans Received total (Attach Schedule F) .....	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....	0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL.....\$** 24,810.31

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...	13,237.27
Schedule F: Loan Repayments total (Attach Schedule F) .....	0.00

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) 518,116.73.04 \$ 11,573.04

**UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$ 1,927.93
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$ 6,891.46
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....	\$ 0.00

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?)  YES  NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ 0.00

For Instructions, See Back of For.



SCHEDULE <b>A</b> (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)  
PAULSEN 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
10/19/02	ID# 6163 CK# 2884	Iowa Soft Drink PAC 8901 Grand Ste 3100 Des Moines, IA 50309		\$ 500.00	<input type="checkbox"/>
10/19/02	ID# 6451 CK# 50015	Guideone Political Action Committee 111 Ashworth Road West Des Moines, IA 50265		150.00	<input type="checkbox"/>
10/18/02	ID# CK#	Michael J. Halsor 3662 Forest Edge Rd Center Point, IA 52213		25.00	<input type="checkbox"/>
10/18/02	ID# CK#	Douglas Neighbor 3373 Lafayette Rd Alburnett, IA 52202		100.00	<input type="checkbox"/>
10/18/02	ID# CK#	Mrs. James N. Wetherbee 5590 Hickorywood Ct Cedar Rapids, IA 52411		50.00	<input type="checkbox"/>
10/19/02	ID# CK#	Michael Bradnan 5750 Country Lane Cedar Rapids, IA 52411		100.00	<input type="checkbox"/>
10/19/02	ID# CK#	Barry Boyer 7100 Greenbranch LN Cedar Rapids, IA 52411		100.00	<input type="checkbox"/>
10/16/02	ID# CK#	Mark H. Douglas 4804 Cedar Drive West Des Moines, IA 50266		200.00	<input type="checkbox"/>
10/17/02	ID# 6027 CK# 2028	Deere PAC Iowa 666 Grand Avenue, Suite 1707 Des Moines, IA 50309		250.00	<input type="checkbox"/>
10/17/02	ID# 9637 CK# 1203	Linn Eagles 1685 Mackenzie Dr Cedar Rapids, IA 52411		4,500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 5,975.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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 For



SCHEDULE <b>A</b> (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)  
PAULSEN 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# CK#	Sandii Duffy 9909 Hawks Haven Cedar Rapids, IA 52411		\$ 50.00	<input type="checkbox"/>
10/22/02	ID# 6300 CK# 5063	FAS PAC/Fareway Stores, INC. PAC 2600 E. 8th St Boone, IA 50036		100.00	<input type="checkbox"/>
10/23/02	ID# 9664 CK# 1517	SITIPAC 300 SW 5th St. Ste 100 Des Moines, IA 50309		100.00	<input type="checkbox"/>
10/28/02	ID# 6070 CK# 2825	Iowa Lawpac 521 East Locust Fl 3rd Des Moines, IA 50309		500.00	<input type="checkbox"/>
10/26/02	ID# CK#	Roger G. Krug 11909 Morgan Valley Rd Fairfax, IA 52228		20.00	<input type="checkbox"/>
10/28/02	ID# CK#	Carl R. Fields 3819 Northwood Dr NE Cedar Rapids, IA 52402		20.00	<input type="checkbox"/>
10/28/02	ID# CK#	Jeffrey C. Elgin 6940 Bowman Lane NE Cedar Rapids, IA 52402		250.00	<input type="checkbox"/>
10/28/02	ID# CK#	William S. Jacobson 3409 Singer Hill Lane Cedar Rapids, IA 52411		50.00	<input type="checkbox"/>
10/29/02	ID# CK#	Metal Design Services 1608 Dows Street Ely, IA 52227		400.00	<input type="checkbox"/>
10/23/02	ID# CK#	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		9,600.00	<input type="checkbox"/>

SUB-TOTAL

\$ 11,090.00

**TOTAL (if last page of this schedule)**

\$ 17,065.00

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FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
PAULSEN 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
10/17/02	ID# CK# Debit Card	Kinkos 4640 1st Avenue Cedar Rapids, IA 52402	Copies	\$ 243.79
10/17/02	ID# CK# Debit Card	The Corner Store 4200 Lewis Access Rd Center Point, IA 52213	Gasoline	35.00
10/18/02	ID# CK# Debit Card	Officemax 327 Collins Rd NE Cedar Rapids, IA 52404	Office Supplies	33.91
10/19/02	ID# CK# Debit Card	Big Ten Mart 1225 Boyson Rd Hiawatha, IA 52233	Gasoline/wash	27.40
10/21/02	ID# CK# 1085	Victory Enterprises 5200 SW 30th St. Davenport, IA 52802	Radio ads	12,731.84
10/21/02	ID# CK# Debit card	Cedar Rapids Main Post Office Cedar Rapids, IA 52401	Postage	47.52
10/21/02	ID# CK# Debit Card	Kinkos 4640 1st Avenue Cedar Rapids, IA 52402	Copies	4.75
10/21/02	ID# CK# Debit Card	Walmart Blairs Ferry Rd NE Cedar Rapids, IA 52402	Camera	8.35
SUB-TOTAL				\$ 13,132.56
<b>TOTAL (if last page of this schedule)</b>				\$

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
PAULSEN 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
10/24/02	ID# CK# 1086	Signal Publishing 486 Sailfish Dr Hiawatha, IA 52233	Ad	\$ 40.00
10/26/02	ID# CK# Debit Card	Big Ten Mart 1225 Boyson Rd Hiawatha, IA 52233	Gasoline/wash	40.42
10/29/02	ID# CK# Debit Card	Hiawatha Main Post Office Hiawatha, IA 52233	Postage	23.00
10/29/02	ID# CK# Debit Card	Hiawatha Main Post Office Hiawatha, IA 52233	Postage	1.29
	ID# CK#			
SUB-TOTAL				\$ 104.71
<b>TOTAL (if last page of this schedule)</b>				\$ 13,237.27

**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).)

Date	Expenditure Name	Amount	Status
10/21/2002	Wal Mart <i>Relation:N/A</i> <i>Blairs Ferry Road, Cedar Rapids, IA 52402</i>	-\$8.35 <i>check # N/A</i>	Amended
10/29/2002	Hiawatha Post Office <i>Relation:N/A</i> <i>99 E Williams St, Hiawatha, IA 52233</i>	-\$1.29 <i>check # N/A</i>	Amended
10/15/2002	Amoco Gas Station <i>Relation:N/A</i> <i>Boyson Rd &amp; 12th Ave, Hiawatha, IA 52233</i>	\$43.99 <i>check # N/A</i>	Amended

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

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

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*
7/14/02	Kraig Paulsen 3506 Blairs Ferry Rd NE Cedar Rapids, IA 52402	Reimbursement for mileage, 3678.8 @ .29/mi	\$ 1,066.85
7/26/02 & 7/29/02	Kraig Paulsen 3506 Blairs Ferry Rd NE Cedar Rapids, IA 52402	Reimbursement for paint purchased at Menards	42.60
8/02/02	Kraig Paulsen 3506 Blairs Ferry Rd NE Cedar Rapids, IA 52402	Reimbursement for equipment rental	37.10
10/2 & 10/8/02	Kraig Paulsen 3506 Blairs Ferry Rd NE Cedar Rapids, IA 52402	Reimbursement for postage	337.00
10/14/02	Kraig Paulsen 3506 Blairs Ferry Rd NE Cedar Rapids, IA 52402	Reimbursement for cell phone paid, 7/02 - 10/02	444.38
SUB-TOTAL			\$ 1,927.93
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,927.93

\*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 or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Reset Form

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

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-RAISER CONTRIBUTION
10/18/02	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Printing <i>Anderson Bros.</i>	\$ 6,891.46	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 6,891.46	
TOTAL (if last page of this schedule)				\$ 6,891.46	

\*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.