

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1336
Indexed	e e
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
Amanda Rayan for State Senate

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 <u>Amanda Rayan</u>	Political Party <u>Democrat</u>
Office Sought <u>Senate</u>	District (if Senate or House) <u>7</u>

NOV - 4 2002
 pm 11-1
 FILED
 10 2002
 DATE SIGNED

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

641-422-9169
 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 October 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.)\$ 9085.50

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 5921.26

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.....\$ 15,006.76.

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 12,227.44

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)\$ 2779.32

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

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 17,910.48

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$ _____

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)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Mandela Program for Iowa Senate

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
10/17/02	ID# 6125 CK# 2081	Iowa Realtors PAC 1370 NW 114th St. #100 Clive, IA 50325		\$ 250.00	<input type="checkbox"/>
10/17/02	ID# CK#	Richard & Lori Sorengensen 12 Charles Town Sq Mason City IA 50401		25.00	<input type="checkbox"/>
10/17/02	ID# 6075 CK# 1523	Iowa Nurses' Association 1501 42nd St Suite 401 West Des Moines, IA 50266		100.00	<input type="checkbox"/>
10/17/02	ID# 6498 CK# 1148	Well PAC 636 Grand Ave, Station 13 Des Moines IA 50309		250.00	<input type="checkbox"/>
10/21/02	ID# 6058 CK# 2112	Iowa Chiropractic Society 1605 N. Ankeny Blvd, Suite 100 Ankeny, IA 50021-4159		250.00	<input type="checkbox"/>
10/17/02	ID# CK#	Lakona Courts 625 S 6th Ave Mason City IA 50401		25.00	<input type="checkbox"/>
10/21/02	ID# 6440 CK# 107	Pacemakers local #7-0601 PAC PO Box 1931 Mason City IA 50402		100.00	<input type="checkbox"/>
10/21/02	ID# 9656 CK# 1039	Effective Government Committee 601-14th St NW Ste 800 Washington DC 20005		1,500.00	<input type="checkbox"/>
10/21/02	ID# 6096 CK# 1654	Iowa Manufactured Housing PAC 1400 Dem Ave Des Moines, IA 50316-3938		250.00	<input type="checkbox"/>
10/21/02	ID# 6085 CK# 760	Iowa State Building Construction Trades Council 110 10th Ave NW Altoona, IA 50009		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2,950	
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



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)
Amanda Ragan For Iowa Senate

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.

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10/21/02	ID# 6089 CK# 259	Operating Engineers Local 231 - Pac 4880 Hubbell Des Moines, IA 50317		\$ 300.00	<input type="checkbox"/>
10/21/02	ID# 6356 CK# 1170	Freedom Fund PAC 851 19th St Des Moines IA 50314		250.00	<input type="checkbox"/>
10/21/02	ID# CK#	Frances Miller PO Box 287 Ventura IA 50482		40.00	<input type="checkbox"/>
10/21/02	ID# CK# CASH.	Carl Peters 15206 Linden St Clear Lake IA 50426		20.00	<input type="checkbox"/>
10/21/02	ID# CK#	John & Ross Hardy 5 Fair meadow Ct Mason City IA 50401		25.00	<input type="checkbox"/>
10/21/02	ID# CK#	Charles & Nancy Sweetman 9 N. Georgia Mason City IA 50401		100.00	<input type="checkbox"/>
10/21/02	ID# CK#	Charles & Sandra Stamba 1108 15th Ave Charles City IA 50616		10.00	<input type="checkbox"/>
10/01/02	ID# CK#	Jean Biederman 720 Maple Street Osage IA 50461-1419		25.00	<input type="checkbox"/>
10/21/02	ID# CK#	Lucille Ragan 630 Briarstone Point NO 201 Mason City IA 50401	Mother-in-Law	50.00	<input type="checkbox"/>
10/21/02	ID# CK#	Doreen Rick 1025 W. State Mason City IA 50401		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 920	
TOTAL (if last page of this schedule)				\$	

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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)

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.

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10/21/02	ID# CK#	Edward Friedmann, Jr PO Box C Redfield, IA 50233-0903		\$ 100.00	<input type="checkbox"/>
10/23/02	ID# CK#	James & Julie Stuebel 4712 Westwood West Des Moines IA 50265		100.00	<input type="checkbox"/>
10/23/02	ID# 6282 CK# 1204	Hy-Vee Inc - Employees PkC 5650 Westtown Parkway West Des Moines IA 50266-8223		50.00	<input type="checkbox"/>
10/23/02	ID# CK#	M. F. Winegardner 615 S. Shore Dr. Clear Lake IA 50428		100.00	<input type="checkbox"/>
10/23/02	ID# CK#	Cemo Gonda Democratic Party PO Box 1093 Mason City IA 50401		460.00	<input type="checkbox"/>
10/25/02	ID# 6070 CK# 2831	James Lawpac 5216 Locust Pl 3rd Des Moines IA 50324-1239		100.00	<input type="checkbox"/>
10/25/02	ID# CK#	Mary Ellen Orban 310 E Lake St Ventura IA 50422-5012		25.00	<input type="checkbox"/>
10/25/02	ID# CK#	David & Donna Miles PO Box 92 Woodstock, VT 05091		26.26	<input type="checkbox"/>
10/25/02	ID# CK#	James McGuire 4090 240th St Clear Lake IA 50428		50.00	<input type="checkbox"/>
10/28/02	ID# 6406 CK# 1026	EMILY'S LIST - NF Fund 805 15th St NW Suite 400 Washington DC 20005		500.00	<input type="checkbox"/>
SUB-TOTAL				\$1651.26	
TOTAL (if last page of this schedule)				\$	

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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)

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.

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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
10/24/02	ID# 6058 CK# 2152	Iowa Chiropractic Society 1605 N. Ankeny BLV D. Suite 100 Ankeny, IA 50021-4159		\$ 200.00	<input type="checkbox"/>
10/24/02	ID# 6279 CK# 2025	Iowa Chiropractic Society PAC 1501 50th ST West Des Moines, IA 50266		100.00	<input type="checkbox"/>
10/25/02	ID# CK#	Christine Wypick 281 N. Crescent Dr Mason City IA 50401-2827		25.00	<input type="checkbox"/>
10/28/02	ID# CK#	Mary Corrin 723 Monroe Ct Mason City Iowa 50401		25.00	<input type="checkbox"/>
10/29/02	ID# CK#	Larry Stewart 503 Kelly St Charles City IA 50616		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 400

TOTAL (if last page of this schedule)

\$ 5921

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
Amurda Ragon for Iowa Senate

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#	Senate Truman Fund 5661 Fluer Dr Des Moines IA 50316	Contribution	\$5,000
10/22/02	ID# CK# 182	Senate Truman Fund 5661 Fluer Dr Des Moines IA 50316	Contribution stopped payment on it	\$3,500
10/01/02	ID# CK#	Globe Gazette 300N Washington Mason City IA 50401	Newspaper Advertisement	123.28
10/23/02	ID# CK#	Media Comm Hwy 122 West Mason City IA 50401	To fix cable line punctured by yard sign.	135.38.
10/23/02	ID# CK#	Jim Ragon 20 Granite Ct. Mason City IA 50401	For yard sign posts and ties.	279.78
10/25/02	ID# CK#	North Iowa Community Wed. Union 640 South Reginal Mason City IA 50401	stop payment on check #182 - They did not receive	10.60
10/25/02	ID# CK#	Senate Truman Fund 5661 Fluer Dr Des Moines IA 50316	contribution	\$3,500
10/28/02	ID# CK#	KLSS Radio 402 19th St SW. Mason City IA 50401	Radio Advertisement	700.00
SUB-TOTAL				\$9699.04
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)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
Amanda Ragan for Iowa Senate

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
10/25/02	ID# CK#	Clutch Channel Comm. Inc. 341 Yorktown Pike Mason City IA 52450	Radio Advertisent	\$1730.00
10/28/02	ID# CK#	Jim Ragan 20 Grandview Ct Mason City IA 52401	Newspaper advert Reimbursement	798.30
	ID# CK#			

SUB-TOTAL \$ 2528.30
TOTAL (if last page of this schedule) \$ 12,227.44

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Amanda Reagan for Iowa Senator



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
10/23/02	Senate Truman Fund 5661 Flower Dr Des Moines IA 50316		Mailing + postage.	\$ 5970.16	<input type="checkbox"/>
10/25/02	Senate Truman Fund 5661 Flower Dr Des Moines IA 50316		Mailing + postage.	\$ 5970.16	<input type="checkbox"/>
10/29/02	Senate Truman Fund 5661 Flower Dr Des Moines IA 50316		Mailing + postage.	\$ 5970.16	<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 \$
 TOTAL (if last page of this schedule) \$ 17,910.48

*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.