

DISCLOSURE SUMMARY PAGE

NOV - 4 2002

pm 10.31

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1282
Indexed	5
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization) **FILED**
COMMITTEE TO KEEP JOE SENG

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

Thomas Ornelas (563) 386-2672
 SIGNATURE OF TREASURER (or person filing this report) 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 10/29/02 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.)\$ 13,994.38

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 5,390.00

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.....\$ 19,384.38

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 10,392.30

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)\$ 8,992.08

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

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

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)
Committee to Elect Joe Seag

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/YY)	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#	DR KEITH MEUER PO BOX 325 MT AIR, IA 50854		\$ 50.00	
	ID# CK#	R. T. ABEL 107 MAPLE WOOD DR MERSAPOLIS, IA 52637		25.00	
	ID# CK#	W ROBERT SCHMERT 417 N MAIN DAV IA 52801		100.00	
	ID# CK#	ROBERT FINCH 702 S 6TH ST GRIMES, IA 50111		50.00	
	ID# CK#	JAMES GROVER DUM 8605 S HUSSON RD HUDSON, IA 50643		50.00	
	ID# CK#	NOLAN HARTWIG 446 ROCKWOOD DR AMES, IA 50010		50.00	
	ID# CK#	DR. K.O. FERTIG 101 N 18TH AVE SHELDON, IA 51201		25.00	
	ID# CK#	HARLEY MOON 800 SHAGBARK DR NEVADA, IA 50201		50.00	
	ID# CK#	PAUL ARMBRECHT 504 8TH ST ROCKWELL CITY, IA 50579		50.00	
	ID# CK#	KEITH ROLSTON DVM 4530 300TH ST SHELDON, IA 51201		30.00	
SUB-TOTAL				\$ 480.00	
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)

COMMITTEE TO ELECT JOE SENG

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#	HARRIET FOX 701 W MAIN NEW SHARON, IA 50207		\$ 50.00	
	ID# CK#	JOHN GREVE 334 24TH ST AMES, IA 50010		50.00	
	ID# CK#	RONALD EMERSON PUM 1854 O'BRIEN AVE CLARION, IA 50525		100.00	
	ID# CK#	EDWARD SPEER 201 S ASH STANWOOD, IA 52337		100.00	
	ID# CK#	MIKE PUFF 123 9TH AVE S.E. OELWEIN, IA 50602		75.00	
	ID# 6411 CK# 1228	MCI IOWA PAC 707 17TH ST DENVER, CO 80202		200.00	
	ID# 6058 CK# 2119	IOWA CHIROPRACTIC SOC PAC 1005 N ANKENY BLVD STE 100 ANKENY, IA 50021		250.00	
	ID# CK#	STUART VETERINARY BUILDINGS 827 E FRONT ST STUART, IA 50250		50.00	
	ID# CK#	EFFECTIVE GOVERNMENT COMMITTEE 607 14TH ST NW STE 800 WASHINGTON, DC 20005		2000.00	
	ID# CK#	GIM SOLBERG 1210 N 2ND ST CLINTON, IA 52732		50.00	
SUB-TOTAL				\$ 2925.00	
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)

Committee to Elect Joe Sewig

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#	DR. TONY PRACKETT 56816 U.S. HWY 275 GREENWOOD, IA 51534		\$ 50.00	
10/28/02	ID# CK#	DR. DAVID WILGENBUSCH 11484 VALLEY AVE CRESSCO, IA 52136		35.00	
	ID# CK#	ELDON VHEN HOPP 1414 KENTUCKY AVE AMES, IA 50014		25.00	
	ID# CK#	LESLIE HERMANNSON 734 3RD ST SE LA MAR, IA 50031		25.00	
	ID# CK#	DEBRA JOHANSON 2125 360TH ST SPENCER, IA 51301		25.00	
	ID# CK#	ROBERT GILOTHELY 3865 BELDEN CT CEDAR RAPIDS, IA 52402		25.00	
	ID# CK#	RICHARD ROSS 4022 STONEBROOK RD AMES, IA 50010		50.00	
	ID# CK#	DR. KEN HEUTSCHER 2136 NORWOOD AVE WINTERSET, IA 50273		50.00	
	ID# CK#	ANIMAL MEDICAL CLINIC - ERIENE MOLONY 1211 E PLATT ST MAQUOKETA, IA 52000		50.00	
	ID# CK#	BRIAN THACKER DVM 903 PATRIE CIR HUXLEY, IA 50124		50.00	
SUB-TOTAL				\$ 385.00	
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)

Committee To Elect Joe Searls

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
10/28/02	ID# CK#	WALTER FELKER 2701 N.E. DELEWARE AVE AMELIA, IA 50021		\$ 50.00	
	ID# CK#	NORMAN CHEVILLE 2512 EISENHOWER AMES, IA 50010		50.00	
	ID# CK#	ALTA PREEK MD 4855 SCHOOL HOUSE RD BETT IA 52702		50.00	
	ID# CK#	RUSSELL CURRIER 1864 NW 151ST CT DES MOINES, IA 50325		50.00	
	ID# CK#	KRISTA FELDMAN 110 ANDERSON ST JEWEL, IA 50130		50.00	
	ID# CK#	KEVIN MEIKOWN PVM 24 N 24TH ST DENISON, IA 51442		100.00	
	ID# CK#	DON DRAPER 4912 W 190TH ST AMES, IA 50014		100.00	
	ID# CK#	BARB HUNT 725 ASH CARLSLE, IA 50017		100.00	
	ID# CK#	PAT HALIBUR DVM 3211 KLEINGMAN AMES, IA 50014		100.00	
	ID# CK#	DRS REILLY + KNERLAND VET ASSOC 400 JEFFERSON ST WATERLOO, IA 50701		50.00	
SUB-TOTAL				\$ 700.00	
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)

COMMITTEE TO ELECT JOE SEWIS

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
10/28/02	ID# CK#	DEN HERDER VET HOSPITAL 974 HOME PLAZA WATERLOO, IA 50701		\$ 50.00	
	ID# CK#	STARBUH PET HOSPITAL 6145 UNIVERSITY AVE COWLE, IA 50325		50.00	
	ID# CK#	HOLSTEIN VET CLINIC 370 W MAIN HOLSTEIN, IA 51025		50.00	
	ID# CK# 1162	WELL PAC 634 GORAW DES MOINES, IA 50309		250.00	
	ID# 6279 CK# 2024	IOWA OPHTHALMOLOGY PAC 1501 50TH ST STE 133 W DES MOINES, IA 50314		200.00	
	ID# 6077 CK# 1649	IOWA PHARMACY PAC 8515 DOUGLAS STE 10 DES MOINES, IA 50322		100.00	
	ID# 6118 CK# 1885	IOWA OPTOMETRIST ASSOC PAC 1454 30TH ST STE 204 W DES MOINES, IA 50314		200.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 900.00

TOTAL (if last page of this schedule)

\$ 5,390.00

* 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.

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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Joe Sewt

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
<i>10/17/02</i>	ID# CK# <i>1237</i>	<i>SENATE TRUMAN FUND-I.D.P. 5661 FLEUR DR DES MOINES, IA 50321</i>	<i>DONATION</i>	<i>\$ 10,000.00</i>
<i>10/24/02</i>	ID# CK# <i>1238</i>	<i>QUAD CITY PITCHER MAIL 6333 23RD AVE MOLINE, IL 61265</i>	<i>MAILING</i>	<i>282.50</i>
<i>11/28/02</i>	ID# CK# <i>1240</i>	<i>CATHOLIC MESSENGER 734 FETTERAL DAV IA 52803</i>	<i>AD</i>	<i>109.80</i>
	ID# CK#			

SUB-TOTAL **\$10,392.30**
 TOTAL (if last page of this schedule) **\$10,392.30**

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).)