

DISCLOSURE SUMMARY PAGE

MAY 30 2002

FORM DR-2
(Rev. 02/96)

DISCLOSURE REPORT

For Office Use Only

Comm. # 965 ⁵
 Indexed _____
 Audited YOL
 Computer _____

COMMITTEE NAME (Must be same as on Statement of Organization)
McKibben for Senate 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 State of Candidates

May 29, 2002

Marsha Maskill 641-752-6908
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE**

DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 31, 2002 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____
 County & Local Committees, enter County in which Election is held _____

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.)

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.)	\$	20,736.03
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		2,450.00
Schedule C: Fund-raising Events total (Attach Schedule C).....		0.00
Schedule F: Loans Received total (Attach Schedule F).....		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL	\$ 23,186.03
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B).....		248.04
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)	\$	22,937.99
<hr/>		
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....	\$	0.00
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		X YES ___ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0.00

For Instructions, See Back of Form

SCHEDULE A (Rev. 02/96)	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)

McKibben for Senate 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
5/21/02	ID# CK#	E.W. Adams 1201 W. Main Street Marshalltown, Iowa 50158		\$ 50.00
5/23/02	ID# CK#	David S. Hesmer 1809 Wiese Garden Road Marshalltown, Iowa 50158		100.00
5/21/02	ID# CK#	John K. McKay 604 W. Olive Street Marshalltown, Iowa 50158		50.00
5/23/02	ID# CK#	M. Kevin McLaughlin 344 49th Street Des Moines, Iowa 50312		50.00
5/23/02	ID# CK#	David L. Palmer 213 SW Flynn Drive Ankeny, Iowa 50021		100.00
5/21/02	ID# 6033 CK#1766	EMC Co. Political Action Committee for Responsible State Government 717 Mulberry Street Des Moines, Iowa 50309		100.00
5/23/02	ID# 6052 CK#2557	Independent Insurance Agents of Iowa PAC 4000 Westown Parkway, Suite 200 West Des Moines, Iowa 50265		250.00
5/23/02	ID# 6291 CK#1803	Iowa Hospital Association PAC 100 E. Grand Avenue, Suite 100 Des Moines, Iowa 50309		500.00
5/21/02	ID# 6118 CK#1797	Iowa Optometric Association PAC 1454 30th Street, Suite 204 West Des Moines, Iowa 50266		150.00
5/21/02	ID# 6430 CK#1200	Iowa Rural Water State PAC 4221 S. 22nd Avenue E. Newton, Iowa 50208		200.00
SUB-TOTAL				\$ 1,550.00
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

SCHEDULE A (Rev. 02/96)	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)
McKibben for Senate 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
5/23/02	ID# 6486 CK# 1229	Iowa Telecom PAC 115 S. 2nd Avenue W. Newton, Iowa 50208		\$ 100.00
5/23/02	ID# 6096 CK# 1622	Manufactured Housing PAC 1400 Dean Avenue Des Moines, Iowa 50316		300.00
5/21/02	ID# 6099 CK# 0603	Meredith Corporation Employees Fund for Better Government-Republican 1716 Locust Street Des Moines, Iowa 50309		250.00
5/23/02	ID# 6101 CK# 2187	Motor Carriers PAC P.O. Box 6121, East Des Moines Station Des Moines, Iowa 50309		250.00
	ID# CK#			
SUB-TOTAL				\$ 900.00
TOTAL (if last page of this schedule)				\$ 2,450.00

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 02/96)	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)
 McKibben for Senate 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 (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
5/23/02	ID# CK#	Premier Office Equipment, Inc, 912 S. 14th Avenue Marshalltown, Iowa 50158	Service call & drum cartridge for printer)	\$ 248.04
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 248.04

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:
 (1) campaign purposes,
 (2) constituency expenses, and
 (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

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).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE
G
(Rev. 02/96)

BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT

CHECK THIS BOX IF
AMENDING FORM

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

McKibben for Senate Committee

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.)

ART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant
LeAnn Jesina

Mailing Address
1624 C Avenue

City State Zip Code
Gladbrook, Iowa 50635

CONTRACT PERIOD (MM/DD/YR)

From 5-15-02 To 5-28-02

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
\$12.00 per hour plus reimbursement for actual expenses incurred.

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

ESTIMATES OF PERFORMANCE

To Advise the Campaign committee on matters of organization, volunteer staffing & prepare media advertising copy.

SUB-TOTAL \$

TOTAL (If last page of this schedule) \$

BANK: 635 ACCOUNT: 4521069338 CYCLE REQ: C AUTHORITY: 0 SEARCH PAGE: 000
NAME: MCKIBBEN LARRY LAST STMT: 04/30/02 THRU: 05/28/02
PRA LINE: LST STMT BAL: 20,592.03
PRA AVAIL: CURR BAL: 22,937.99 PND EFT: .00

TRANS	POST	TC	-- DESCRIPTION	-- -SERIAL NO-	AMOUNT	---	---	BALANCE	---
05/02	05/02	800	CHECK	1273	156.00			20,436.03	
05/03	05/03	600	CUSTOMER DEPOSIT		300.00			20,736.03	
05/21	05/21	600	CUSTOMER DEPOSIT		100.00			20,836.03	
05/21	05/21	600	CUSTOMER DEPOSIT		700.00			21,536.03	
05/23	05/23	600	CUSTOMER DEPOSIT		750.00			22,286.03	
05/23	05/23	600	CUSTOMER DEPOSIT		900.00			23,186.03	
05/24	05/24	210	CHECK	1274	248.04			22,937.99	

MAY 30 2002

NO PENDING TRANS

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