

# DISCLOSURE SUMMARY PAGE

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

**IMPORTANT:** Indicate type of committee you are reporting for:

( 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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party \_\_\_\_\_  
 Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

Frank J. Chiodo  
 SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE \_\_\_\_\_

JAN 14 2003  
 h.d.  
1-14-03  
 DATE SIGNED

<b>FORM DR-2</b> (Rev. 05/2002)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # <u>1013</u>	
Indexed <u>                    </u>	
Audited _____	
Computer _____	

### 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 \_\_\_\_\_ 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.) .....\$ 18,451.40

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 4,264.75

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.....\$** 22,466.15

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)... 5,294.03

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) .....\$ 17,422.12

**\*\*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).....\$ 25,270.06

#### 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 <b>A</b> (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.

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
10/30/02	ID# CK# 1006	ILTA (PAC) P.O. Box 206 Eldora, IA 50627		\$150.00	
10/31/02	ID# 6099 CK# 0961	Meredith Corporation		150.00/100	
10/31/02	ID# CK# 1157	Aventis Pharmaceuticals (Pac) 801 Pennsylvania Ave Wash, D.C. 20004		100.00/100	
11/01/02	ID# 6058 CK# 2192	Iowa Chiropractic Society 1605 N. Ankeny Blvd. Suite 100 Ankeny, IA 50021		500.00/100	
11/02/02	ID# CK# 2968	NEC Chiado 2913 Southern Hills Circle Des Moines, IA 50321	Father	1000.00/100	
11/04/02	ID# 6351 CK# 1108	Petroleum Marketers WDM, IA 50262 1303 50th		200.00/100	
11/04/02	ID# CK# 2023	Brad Borekenstodt 31400 Bellevue Drive Bellevue, IA 52031		1,000.00/100	
11/05/02	ID# CK# 2001	Jeff Chiado 5441 SE 29th St Des Moines, IA 50320	Brother	150.00/100	
11/06/02	ID# CK# 1153	DR. John Hartung 1011 Scott Feltow Rd Indicola, IA 50125		50.00/100	
11/06/02	ID# 8 CK# 3183	Jasew Haynes P.O. Box 125 Lemotte, IA 52054		300.00/100	
SUB-TOTAL				\$3,600.00	-
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 <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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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
11/06/02	ID# CK# 3104	Lynnell Haynes P.O. Box 125 Hamette, IA 50254		\$300.00	
11/10/02	ID# 6019 CK# 0549	CWA Local 7102 3612 SW 9th Des Moines, IA 50315		100.00	
	ID# CK#	Interest Earned for 2002		14.75	
12/31/02	ID# CK#	Michael Manoussos 1 Miller Farm Court Miller Place, NY 11764		250.00	
	ID# CK#				

SUB-TOTAL  
 \$664.75  
 TOTAL (if last page of this schedule)  
 \$4264.75

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FOR INSTRUCTIONS, SEE BACK OF FORM

**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>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
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CHECK THIS BOX IF AMENDING FORM

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

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
10/31/02	ID# CK# 1133	Polk County Dem	Contribution	\$2,000.00/100
10/31/02	ID# CK# 1134	House Truman Fund Ia Dem Party	Contribution	2,000.00/100
11/05/02	ID# CK# 1135	63 Street Del, 6151 Thornton Ave Des Moines, Ia 50321	Pizzas for election night volunteers	940.00/100
11/21/02	ID# CK# 1097	Sprint PCS 4520 University Ave WDM, Ia 50266	Cell phone bill	184.54/100
12/05/02	ID# CK# 1099	Sprint PCS 4520 University Ave WDM, Ia 50266	cell phone bill	169.47/100
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$5294.03  
**TOTAL (if last page of this schedule)** \$5294.03

**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)(l).)