

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 01/98)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1204
Indexed	KB
Audited	
Computer	

cert 7002 0460 0002 9120 7268

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
GREIMANN FAC GOOD GOVERNMENT

**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

H. C. B. Pearley 575-232-1499  
**SIGNATURE OF TREASURER** (or person filing this report) **TELEPHONE**

Jan 8, 2003  
**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 JAN 19, 2003 REPORT FOR ANA (1) ELECTION (2) ELECTION YEAR.  
 (report date) Indicate one  1

**DISCLOSURE BOARD**  
 JAN 17 2003  
 pm 1-16

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.) ..... \$ 5593.05

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 1577.06

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** ..... \$ 7170.11

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 2790.95

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) ..... \$ 4379.16

**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)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
**GREIMANN FOR GOOD GOVERNMENT**

**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# 6058 CK# 2086	Iowa Chiropractic Soc PAC 1605 N. Ankeny Blvd #100 Ankeny IA 50021		\$ 150.00	
10-22-02	ID# 6160 CK# 2047	Iowa Independent Bankers 1603 22nd St #202 PAC West Des Moines 50266		150.00	
10-22-02	ID# 6488 CK# 1120	Iowa Providers PAC 7025 Hickman Road #5 Urbandale IA 50322		100.00	
10-22-02	ID# 6077 CK# 1626	Iowa Pharmacy PAC 8515 Douglas #16 Des Moines 50322		100.00	
11-1-02	ID# CK#	Firooz Faridi 2821 Wood St Ames 50014		25.00	
11-1-02	ID# 6019 CK# 0546	CWA Local 7102 PAC 3612 SW 9th St Des Moines 50315		100.00	
11-1-02	ID# 6070 CK# 2814	Iowa Law PAC 521 East Locust St Des Moines 50309		150.00	
11-7-02	ID# 6058 CK# 2138	Iowa Chiropractic Soc PAC 1605 N. Ankeny Blvd #100 Ankeny IA 50021		200.00	
11-8-02	ID# 9656 CK# 1167	Effective Government Comm 607 14th St NW #800 Washington DC 20005		500.00	
12-6	ID# 6430 CK# 1233	Iowa Rural Water State PAC 4221 S. 22nd Ave E Newton IA 50208		100.00	
SUB-TOTAL				\$ 1575.00	
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

**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)  
**GREIMANN FOR GOOD GOVERNMENT**

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
10-16-02	ID# CK# 713	Jet Print 305 Main St Ames IA 50010	Copies	\$ 3.49
10-17	ID# CK# 714	US Postmaster Ames IA 50010	Certified mail	4.88
10-22	ID# CK# 717	Postmaster Des Moines IA 50318	Stamps	200.00
10-23	ID# CK# 718	Postmaster Ames IA 50010	Bulk mail	252.64
10-18	ID# CK# 716	Jet Print 305 Main St Ames 50010	copier	31.01
11-1-02	ID# CK# 722	Andy Tang 814 Duff Ave Ames 50010	computer repair	150.00
11-2-02	ID# CK# 719	Toons PO Box 181 Kelly Ia 50134	newspaper ads	292.50
11-1-02	ID# CK# 720	Ames Tribune 317 5th St Ames 50010	newspaper ads	289.80
SUB-TOTAL				\$ 1224.32
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>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
--------------------------------------	--------------------------

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)  
**GREIMANN FOR GOOD GOVERNMENT**

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
11-1-02	ID# CK# 721	Amer Tribune 317 5th ST Ames 50010	newspaper ads	\$ 764.60
11-7-02	ID# CK# 723	Nite Owl Printing 118 Hayward Ames Ia 50014		87.98
11-8-02	ID# CK# 724	Iowa Democratic Party House Truman Fund 5661 Fleur Drive Des Moines 50321		500.00
11-8	ID# CK# 725	Des Moines Register Box 10441 Des Moines 50306	ad	72.00
12-6-02	ID# CK# 726	Jane Greimann 11518 13th St Ames 50010	reimburse ISU Daily ad	131.75
12-11-02	ID# CK# 715	Story County Auditor Counthorne Nevada Ia	labels	10.30
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1566.63
TOTAL (if last page of this schedule)				\$ 2790.95

**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).)