

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003) DISCLOSURE REPORT. For Office Use Only: Comm. # 1304, Logged In, Scanned, Computer, Audited WRL.

COMMITTEE NAME (Must be same as on Statement of Organization) Neighbors for Hatch. 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 Jack Hatch, Political Party Democrat, Office Sought State Senate, District (if Senate or House) 33. Includes handwritten date NOV 03 2003 and initials nd.

SIGNATURE OF TREASURER (or person filing this report) [Signature] TELEPHONE 244-2141 DATE SIGNED 11/3/03

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2003 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR. (report date)

Indicate one [1]

[X] CHECK IF AMENDMENT TO REPORT DATED January 19, 2003

[] 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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$2,588.28), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1085.00, Schedule F: 0, Schedule H: 0), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 2,614.72, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$1,058.56), **UNPAID BILLS (\$0), **IN KIND CONTRIBUTIONS (\$100), **OUTSTANDING LOANS (\$0), CANDIDATE COMMITTEES ONLY, CONSULTANT BREAKDOWN (Schedule G Attached?) [] YES [X] NO, VALUE OF CAMPAIGN PROPERTY (\$0).

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
Neighbors for Hatch

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# 6070 CK# 2824	Iowa Lawpac 521 East Locust St. Des Moines, Iowa 50309	none	\$200.00	<input type="checkbox"/>
10/22/02	ID# CK#	Fred Haskins 505 5th Street Des Moines, Iowa 50309	none	10.00	<input type="checkbox"/>
10/25/02	ID# CK#	Don and Diane Avenson 30 Maplewood Dr. Oelwein, Iowa 50662	none	100.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 310.00	

* 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). 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

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)
 Neighbors for Hatch

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
12/1/02	ID# CK#	Bankers Trust 666 Grand Ave. Des Moines, Iowa 50309	Service Fees (October, Nov. Dec.)	\$ 14.72
10/21/02	ID# CK#	Truman Fund Iowa Democratic Party 5661 Fleur Dr., Des Moines, Ia.50321	contributions	2000.00
10/29/02	ID# CK#	Keith Rahe 30318 Golf Course Rd. Dyersville, Ia 52040	expense for cancelled event	150.00
11/1/02	ID# CK#	Creative Visions 1343 13th street Des Moines, Ia 50314	contribution	450.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 2,614.72

✓
OK

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 68A.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	SW 1304
Indexed	6 23 03
Audited	WRS
Computer	

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

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 Jack Hatch	Political Party Democrat
Office Sought State Senate	District (if Senate or House) 33

h.d.
FEB 7 2003
FILED 2/9/03
DATE SIGNED

Jack Hatch
SIGNATURE OF TREASURER (or person filing this report)

575-244-2941
TELEPHONE

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2003 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED See amended

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.) report

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.)	\$ 2,601.21
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	775.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 3,376.21
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	3,000.00
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)	\$ 376.21
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 100.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00

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)

Neighbors for Hatch

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
✓ 11/15/02	ID# 9686 CK# 2087	United Barber School 603 E. 6th Des Moines, Ia 50309		\$ 50.00	<input type="checkbox"/>
✓ 10/23/02	ID# 6058 CK# 2221	Iowa Chiropractic Socy 1605 N. Ankeny Blvd S.W. 600 Ankeny Ia		200.00	<input type="checkbox"/>
✓ 10/22/02	ID# 6098 CK# 3227	Iowa Bev PAC 321 East Walnut #310 Des Moines, Ia 50309		125.00	<input type="checkbox"/>
✓ 9/6/02	ID# 6291 CK# 2143	Iowa Hospital Assn. 100 East Grand Des Moines, Ia 50309		250.00	<input type="checkbox"/>
	ID# CK#	Iowa State Ed. Assn 777 3rd St Des Moines, Ia 50309			<input type="checkbox"/>
✓ 10/22/02	ID# 6033 CK# 1830	EMC CO. PAC 719 Mulberry St Des Moines, Ia 50309		25.00	<input type="checkbox"/>
10/29/02	ID# CK#	Joe VanLent 300 Walnut #119 Des Moines, Ia 50309		25.	<input type="checkbox"/>
✓ 12/19/02	ID# 6079 CK# 2056	Iowa Podiatry PAC 525 SW 5th #17 Des Moines, Ia 50309		100.	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 775.00
\$ 775.00

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.

Reset 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)
Neighbors for Hazel

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>10/21/02</i>	ID# CK#	<i>Treman Fuel Iowa Democratic Party 5661 Fleun Dr Des Moines, Ia 50314</i>	<i>contribution</i>	<i>\$2000.-</i>
<i>10/29/02</i>	ID# CK#	<i>Kathy Aake 30318 Golf Course Rd Ayersville, 52040</i>	<i>expense for event</i>	<i>150.00</i>
<i>11/1/02</i>	ID# CK#	<i>Creative Visions 1343-13th St Des Moines, Ia 50314</i>	<i>contribution</i>	<i>450.-</i>
<i>1/23</i>	ID# CK#	<i>Helen Wells 1701 Woodland Des Moines, Ia 50314</i>	<i>verb stle</i>	<i>400.</i>
	ID# CK#			

SUB-TOTAL *\$3000.00*
TOTAL (if last page of this schedule) *\$3000.00*

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).)

