

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	464
Indexed	<input checked="" type="checkbox"/>
Audited	
Computer	

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

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

John M. Hand (712) 852-4808
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

JANUARY 6, 2003
 DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

JAN 14 2003
 PM 1-13

I AM FILING A JANUARY 20, 2003 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate one 2

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.)	\$	<u>6664⁷²</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>8660⁰⁰</u>
Schedule C: Fund-raising Events total (Attach Schedule C)		<u>-</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>-</u>
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	\$ <u>15,324⁷²</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>13,919⁸⁰</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>-</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>1404⁹²</u>
<hr/>		
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>500⁰⁰</u>

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
2002 1-11-02	ID# 6484 CK# 1540	IA SOC. ANESTHESIOLOGISTS PAC 321 43rd ST Des Moines, IA 50312		\$ 400 ⁰⁰
1-11-02	ID# 6429 CK# 1527	Heavy Highway PAC 2415 Ingersoll Ave Des Moines, IA 50312		250 ⁰⁰
1-11-02	ID# 6067 CK# 2787	IOWA HEATH PAC 6750 WESTOWN PKY #100 West Des Moines, IA 50266		150 ⁰⁰
1-12-02	ID# CK#	LOWELL JUNKINS 818 Des Moines ST, Suite 200 Des Moines, IA 50309		250 ⁰⁰
4-30-02	ID# CK#	NANCY ROMSLO 4570 EDMUND BLVD Minneapolis, MN 55046		50 ⁰⁰
8-13-02	ID# 6146 CK# 1405	HOMEBUILDERS ASSOC. P.A.C. 801 Grand Ave., SUITE 3100 Des Moines, IA 50309		200 ⁰⁰
8-28-02	ID# 6033 CK# 1802	EMC CO. PAC 717 MULBERRY ST. Des Moines, IA 50309		75 ⁰⁰
8-28-02	ID# CK#	RICHARD MISHLER 2514 W. 14 th ST SPENCER, IA 51301		50 ⁰⁰
8-28-02	ID# 6075 CK# 1033	IANA - PAC 1501-42ND ST, SUITE 471 WEST Des Moines, IA 50266		250 ⁰⁰
8-28-02	ID# 6021 CK# 1482	CREDIT UNION - PAC 3737 WESTOWN PARKWAY W. DES MOINES, IA 50265		100 ⁰⁰
SUB-TOTAL				\$ 1775 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)
KIBBIE FOR SENATE

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
2002 8-28-02	ID# CK#	WASTE MANAGEMENT PAC 601 PENNSYLVANIA AVE, NW WASHINGTON, D.C. 20004	✓ SR IN FILE	\$ 200 ⁰⁰
8-28-02	ID# CK#	DORIS JEAN NEWLIN 3315 - 48 TH PL DES MOINES, IA 50310		100 ⁰⁰
9-16-02	ID# 6291 CK# 2108	IHA PAC 100 E. GRAND - SUITE 100 DES MOINES, IA 50309		250 ⁰⁰
9-16-02	ID# CK#	ROBERT O. NYSTROM 44166 - 200 TH AVE. HAVELOCK, IA 50546		30 ⁰⁰
9-16-02	ID# CK#	ELLEN GRAY KENNEDY P.O. BOX 107 BANCROFT, IA 50517		25 ⁰⁰
9-16-02	ID# CK#	ELMER FREIDEL 2107 Broadway EMMETSBURG, IA 50536		25 ⁰⁰
9-16-02	ID# CK#	JAMES H. CRANE 605 STATE ST. EMMETSBURG, IA 50536		25 ⁰⁰
9-16-02	ID# 6486 CK# 1259	IOWA TELECOM PAC 115 S. 2ND AVE. W. NEWTON, IA 50208		200 ⁰⁰
9-16-02	ID# CK#	BERILLEY BEDELL RR BOX 9502 SPIRIT LAKE, IA 51360		500 ⁰⁰
9-16-02	ID# CK#	DOUG WELANDER 801 LAKE ST EMMETSBURG, IA 50536		100 ⁰⁰
SUB-TOTAL				\$ 1455 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. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
<u>2002</u> 9-16-02	ID# CK#	PAUL CROTTY 303 SW 2ND ST POCAHONTAS, IA 50574		\$ 50 ⁰⁰
9-16-02	ID# CK#	MARY C. STRAUB P.O. BOX 398 WHITTEMORE, IA 50598		25 ⁰⁰
9-23-02	ID# 6096 CK# 1637	MANUFACTURED HOUSING PAC 1400 Dean Ave. Des MOINES, IA 50316		500 ⁰⁰
9-23-02	ID# CK#	FRANCIS FITZGIBBONS P.O. BOX 496 ESTHERVILLE, IA 51334		150 ⁰⁰
9-23-02	ID# 6079 CK# 2044	IOWA PODIATRY PAC 525 S.W. 5TH ST. SUITE A Des MOINES, IA 50309		150 ⁰⁰
9-23-02	ID# CK#	CRAIG NEILSEN 8620 TITLEIST CIR. LAS VEGAS, NV 89117		200 ⁰⁰
9-23-02	ID# CK#	GERTRUDE FOGARTY 408 - 4TH ST CYLINDER, IA 50528		50 ⁰⁰
9-23-02	ID# CK#	LARRY ROHRET 2520 HWY 18 SPENCER, IA 51301		50 ⁰⁰
9-23-02	ID# CK#	ELMER STEIER P.O. BOX 397 WHITTEMORE, IA 50598		25 ⁰⁰
9-23-02	ID# CK#	FRANCIS WARREN GEN. DEL. GRAETTINGER, IA 51342		100 ⁰⁰
SUB-TOTAL				\$ 1300 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. 02/99)	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)
KIBBIE FOR SENATE

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
<u>2002</u> 9-23-02	ID# CK#	CHARLES STILLMAN 2104 Union ST Emmetsburg, IA 50536		\$ 100 ⁰⁰
9-23-02	ID# CK#	JIM MORDON 1117 MICHAELS CT SPENCER, IA 51301		50 ⁰⁰
9-23-02	ID# CK#	EUGENE SWEENEY 412 EMERALD DR. ARNOLDS PARK, IA 51331		50 ⁰⁰
9-23-02	ID# CK#	JOHN D. BROWN 207 LAWLER ST. EMMETSBURG, IA 50536		100 ⁰⁰
9-23-02	ID# CK#	JOHN T. GANNON 201 WALLACE ST. EMMETSBURG, IA 50536		25 ⁰⁰
9-23-02	ID# CK#	MARYANNA SARAZINE 207 ROYAL OAKS ALGONA, IA 50511		25 ⁰⁰
10-4-02	ID# CK#	JEAN SOPER CATER 2408 - 7 th ST Emmetsburg, IA 50536		100 ⁰⁰
10-4-02	ID# 6062 CK# 1323	IA. CERT. PUB. ACCTS PAC 950 OFFICE PARK RD. #300 WEST Des Moines, IA 50265		100 ⁰⁰
10-4-02	ID# CK#	VITUS TERVEER 4261-390 th AVE. AYRSHIRE, IA 50515		25 ⁰⁰
10-4-02	ID# 6067 CK# 2870	IOWA HEALTH PAC 6750 WESTOWN PKWY #100 West Des Moines, IA 50266		150 ⁰⁰
SUB-TOTAL				\$ 725 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. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

KIBBIE FOR SENATE

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
<u>2002</u> 10-9-02	ID# CK#	KATHLEEN ELBERT 401 SUPERIOR ST Emmetsburg, IA 50536		\$ 50 ⁰⁰
10-9-02	ID# CK#	DAVID PALMER 213 SW FLYNN DR ANKENY, IA 50021		100 ⁰⁰
10-9-02	ID# CK#	HELEN DEVRIS 804 N. LINCOLN Gracettinger, IA 51342		100 ⁰⁰
10-9-02	ID# CK#	LOWELL JUNKENS 818 Des Moines St. Des Moines, IA 50309		100 ⁰⁰
10-9-02	ID# CK#	JOAN TUNNICLIFF P.O. BOX 216 Emmetsburg, IA 50536		50 ⁰⁰
10-27-02	ID# 6058 CK# 2111	IA CHIROPRACTIC SOC. PAC. 1605 N. ANKENY Blvd #100 ANKENY, IA 50021		250 ⁰⁰
10-29-02	ID# 6058 CK# 2211	IA. CHIROPRACTIC SOC. PAC 1605 N. ANKENY Blvd #100 Ankeny, IA 50021		300 ⁰⁰
10-29-02	ID# CK#	EFF. GOVT COMM. -NONFED IOWA 607-143 ST. NW. STE800 WASHINGTON, DC 20005		1500 ⁰⁰
10-29-02	ID# 6098 CK# 3212	IOWA BEV PAC 310 NORTHWESTERN Bldg Des Moines, IA 50309		500 ⁰⁰
10-29-02	ID# CK#	KELLY VONNAHME 305-3RD AVE SW POCAHONTAS, IA 50574		100 ⁰⁰
SUB-TOTAL				\$ 3050 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)
KIBBIE FOR SENATE

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
<u>2002</u> 10-29-02	ID# CK#	JANICE DUNKER 4624 HAWTHORNE DR SIOUX CITY, IA 51106		\$ 35 ⁰⁰
11-13-02	ID# 6488 CK# 1093	IOWA PROVIDERS PAC 7025 HICKMAN RD, SUITE 5 URBANDALE, IA 50322		100 ⁰⁰
11-13-02	ID# 6430 CK# 1220	IA RURAL WATER STATE PAC 4221 S. 22ND AVE E. NEWTON, IA 50208		100 ⁰⁰
12-3-02	ID# CK#	JOHN A. MYERS 1915 STATES AVE. HARDY, IA 50545		50 ⁰⁰
	ID# CK#	CONTRIBUTIONS UNDER 25 ⁰⁰ DURING THIS REPORTING PERIOD		70 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$ 355 ⁰⁰
TOTAL (if last page of this schedule)				\$ 8660 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.

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 (Rev. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
2002 1-16-02	ID# CK#	U.S. POSTMASTER 2210 - 10 TH ST EMMETSBURG, IA 50536	POSTAGE FOR CAMP. (1) Mailing	\$ 34 ⁰⁰
1-20-02	ID# CK#	THE DAILY REPORTER P.O. BOX 197 SPENCER, IA 51301	6 month SUB (3)	40 ⁰⁰
1-26-02	ID# CK#	STAPLES 706 S.W. 11 TH ST SPENCER, IA 51301	OFFICE SUPPLIES FOR (1) CAMPAIGN	24 ⁶⁶
2-9-02	ID# CK#	KOSSUTH COUNTY DEMOCRATS P.O. BOX 73 TITONKA, IA 50480	KOSSUTH CO. DEMO. PARTY (1) FUND	290 ⁰⁰
2-10-02	ID# CK#	GRAETTINGER TIMES P.O. BOX 118 GRAETTINGER, IA 51342	1 yr SUB (3)	40 ⁰⁰
2-13-02	ID# CK#	ARMSTRONG JOURNAL BOX 258 ARMSTRONG, IA	1 yr SUB. (3)	38 ⁵⁰
2-25-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 Fleur Drive DES MOINES, IA 50321	CONTRIB. TO STATE PARTY (1)	1,000 ⁰⁰
SUB-TOTAL				\$ 1467 ¹⁶
TOTAL (if last page of this schedule)				\$

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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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)
KIBBIE FOR SENATE

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
<u>2002</u> 3-1-02	ID# CK#	KOSSUTH COUNTY PUBL. CO. 14 E. NEBRASKA ALGONA, IA 50511	1 yr SUB (3)	\$ 47 ⁰⁰
3-1-02	ID# CK#	WEST BEND JOURNAL P.O. BOX 47 WEST BEND, IA 50597	1 yr SUB. (3)	23 ⁰⁰
3-10-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 Fleur Drive DES MOINES, IA 50321	CONTRIB. TO STATE (1) PARTY	150 ⁰⁰
3-16-02	ID# CK#	M McNALLY BAKE SHOP 1013 + Broadway St EMMETSBURG, IA 50536	CAMPAIGN EXP. FOR WORKERS (1)	60 ⁸⁴
4-6-02	ID# CK#	KOSSUTH COUNTY CATTLEMEN ALGONA, IA 50511	DONATION FOR CAMP. (1) PURPOSES	175 ⁰⁰
4-24-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 Fleur Drive DES MOINES, IA 50321	CONT. TO STATE PARTY (1)	2,000 ⁰⁰
6-22-02	ID# CK#	THE MESSENGER P.O. BOX 659 FORT DODGE, IA 50501	6 month SUB (3)	67 ⁶⁰
SUB-TOTAL				\$ 2523 ⁴⁴
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:
) campaign purposes,
) constituency expenses, and
) 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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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)
KIBBIE FOR SENATE

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
2002 6-22-02	ID# CK#	DICKINSON COUNTY NEWS P.O. BOX AE SPIRIT LAKE, IA 51360	1 year SUB (3)	\$ 33 ⁰⁰
6-18-02	ID# CK#	CYCLONE COMPUTERS 1013 Broadway EMMETSBURG, IA 50536	1/2 COST OF COMPUTER FOR (3) POL. CAMP.	818 ³¹
6-25-02	ID# CK#	ESTHERVILLE DAILY NEWS 10 N. 7 TH ST. ESTHERVILLE, IA	1 year SUB (3)	60 ⁰⁰
7-25-02	ID# CK#	U.S. POSTMASTER 2210-10 TH ST. EMMETSBURG, IA 50536	POSTAGE FOR CAMP. (1) Mailing	74 ⁰⁰
8-8-02	ID# CK#	THE DAILY REPORTER P.O. BOX 197 SPENCER, IA 51301	3 month SUB (3)	22 ⁰⁰
8-12-02	ID# CK#	KOSSUTH COUNTY FAIR ALGONA, IA 50511	CONTRIB. FOR POLIT. (1) CAMP	20 ⁰⁰
8-16-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 Fleur Drive Des Moines, IA 50321	CONTRIB. TO STATE (1) PARTY	1000 ⁰⁰
SUB-TOTAL				\$ 2027 ³¹
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:
) campaign purposes,
) constituency expenses, and
) 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).)

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 (Rev. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
2002 8-30-02	ID# CK#	U.S. POSTMASTER 2210 - 10 TH ST EMMETSBURG, IA 50536	Postage for CAMP. (1) Mailings	\$ 37 ⁰⁰ -
9-5-02	ID# CK#	E-PRIDE OFFICE SUPPLY 918 Broadway St. EMMETSBURG, IA 50536	Envelopes + PAPER FOR (1) CAMPAIGN	19 ⁹¹ -
9-6-02	ID# CK#	U.S. POSTMASTER 2210 - 10 TH ST EMMETSBURG, IA 50536	Postage for CAMP. (1) Mailings	37 ⁰⁰
9-13-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 Fleur Drive Des Moines, IA 50321	Contribution to STATE (1) PARTY	900 ⁰⁰
9-18-02	ID# CK#	E-PRIDE OFF. SUPPLY 918 BROADWAY ST. EMMETSBURG, IA 50536	OFF. SUPPLIES FOR CAMP. (1)	63 ⁵⁸ -
9-19-02	ID# CK#	TREASURER - STATE OF IA STATE CAPITOL BLDG Des Moines, IA 50309	Notes of St. CAP. for (1) CAMP	10 ⁰⁰
9-23-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 Fleur DR Des Moines, IA 50321	Cont. To STATE PARTY (1)	800 ⁰⁰
SUB-TOTAL				\$ 1867 ⁴⁹
TOTAL (if last page of this schedule)				\$

IS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

Acquisitions 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)(f).)

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 (Rev. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
2002 9-23-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 Fleur Dr Des Moines, IA 50321	CONT. TO STATE PARTY (1)	\$ 600 ⁰⁰
9-23-02	ID# CK#	U.S. POSTMASTER 2210-103 ST EMMETSBURG, IA 50536	Postage for CAMP. Mailings (1)	37 ⁰⁰
9-29-02	ID# CK#	U.S. POSTMASTER 2210-103 ST Emmetsburg, IA 50536	Postage for CAMP. Mailings (1)	148 ⁰⁰
10-12-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 Fleur Dr Des MOINES, IA 50321	CONT. TO STATE PARTY (1)	1000 ⁰⁰
10-12-02	ID# CK#	WHITTEMORE INDEPENDENT 419 BRDAD ST. WHITTEMORE, IA 50598	1 yr SUB. (3)	23 ⁰⁰
10-22-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 FLEUR DR Des MOINES, IA 50321	CONT. TO STATE PARTY (1)	2000 ⁰⁰
10-27-02	ID# CK#	IOWA DEMOCRATIC PARTY 5661 FLEUR DR Des MOINES, IA 50321	CONT. TO STATE PARTY (1)	1500 ⁰⁰
SUB-TOTAL				\$ 5308 ⁰⁰
TOTAL (if last page of this schedule)				\$

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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)
KIBBIE FOR SENATE

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
<u>2002</u> 10-30-02	ID# CK#	Algona Upper Des Moines Box 400 ALGONA, IA 50511	1 yr SUB (3)	\$ 57 ⁰⁰
11-14-02	ID# CK#	EMMETSBURG PUBL. CO. P.O. BOX 73 EMMETSBURG, IA 50536	PRINTING FOR CAMP. (1) MAILING	64 ⁶⁶
11-15-02	ID# CK#	E-PRIDE OFFICE SUPPLY 918 BROADWAY ST EMMETSBURG, IA 50536	SUPPLIES FOR CAMP. (1) EXP.	120 ⁵²
12-4-02	ID# CK#	E-PRIDE OFFICE SUPPLIES 918 BROADWAY ST EMMETSBURG, IA 50536	SUPPLIES FOR CAMP. (1) EXP.	19 ⁵⁹
12-05-02	ID# CK#	THE MESSENGER P.O. BOX 659 FORT DODGE, IA 50501	6 mo, SUB (3)	70 ²⁰
12-23-02	ID# CK#	BANKERS ADV. CO. P.O. BOX 2687 IOWA CITY, IA 52244	STATE CAL. FOR CAMP. (1) MAILINGS	210 ⁵⁷
12-23-02	ID# CK#	U.S. POSTMASTER 2210-10 th ST EMMETSBURG, IA 50536	POSTAGE FOR CAMP. (1) Mailings	75 ²⁶
SUB-TOTAL				\$ 617 ⁸⁰
TOTAL (if last page of this schedule)				\$

IS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

Acquisitions 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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 02/56)	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)
KIBBIE FOR SENATE

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
<u>2002</u> 12-27-02	ID# CK#	U.S. 20 ASSOC., 1239-25 th FT DODGE, IA 50501	MEMBERSHIP ASSOC. WITH OFFICE (3) DUTIES	\$ 40 ⁰⁰
	ID# CK#	VARIOUS BANK SERVICES CHARGES DURING THIS REPORTING PERIOD. WELLS FARGO EMMETSBURG, IA 50536	()	68 ⁶⁰
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	

SUB-TOTAL \$ 108⁶⁰
TOTAL (if last page of this schedule) \$ 13,919⁸⁰

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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

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

Acquisitions 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)(f).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 02/96)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

KIBBIE FOR SENATE

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
06/18/02	PERSONAL COMPUTER	818 ³¹	500 ⁰⁰ EST.

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 500⁰⁰

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)