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ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 22 2003
FILED pm1-19

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Indexed _____	2
Audited _____	
Computer _____	

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

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

James L. Hise 641-752-1272
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

1/4/03
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 January 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 2

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.)\$ 3809.03

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 1020.00

Schedule F: Loans Received total (Attach Schedule F)..... 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 4829.03

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 2415.86

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 2413.17

UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 2587.24

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

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)
People for Mack

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
10-31-02	ID# CK#	Daryl Kurtz 365 N Shadyview Blvd Pleasant Hill IA 50327		\$ 100 -	
10-31-02	ID# CK#	Jay Hansen 509 Playa St Marshalltown IA 50158		300. -	
10-31-02	ID# CK#	Conrad DeJardin 109 Newcastle Marshalltown IA 50158		20 -	
11-4-02	ID# CK#	Sally Becker PO Box 275 Marshalltown IA 50158		100 -	
11-4-02	ID# CK# 1068	Lernox Employee Admocracy Program PO Box 799908 Dallas TX 75379		500 -	
	ID# CK#				

SUB-TOTAL

\$1020 -
\$1020 -

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 (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)

People for Mack

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
10/30/02	ID# CK# 1132	Harrison Law Firm PO Box 618 Marshalltown IA 50158	Fedex reimbursement	10.66 \$
10/31/02	ID# CK# 1133	Times Republican 135 W. Main Marshalltown IA 50158	Advertising	1386.75
10/31/02	ID# CK# 1134	Postmaster Marshalltown IA 50158	postage	5.05
11/1/02	ID# CK# 1135	Josh Hansen 2120 Lincolnway Ames, IA 50014	Oct staff hrs	240.00
11/6/02	ID# CK# 1136	Josh Hansen 2120 Lincolnway Ames, IA 50014	staff hrs	75.00
11/7/02	ID# CK# 1137	Times Republican 135 W. Main Marshalltown IA 50158	advertising	322.50
11/26/02	ID# CK# 1138	McLeod USA PO Box 3243 Milwaukee WI 53201	phone	7.31
11/26/02	ID# CK# 1139	Guest PO Box 1301 Minneapolis MN 55483	phone	15.79
SUB-TOTAL				\$ 2063.06
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

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. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

People for Mack

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
11/12/02	ID# CK#	Farmers Savings Bank 205 W. Main Marshalltown IA 50158	service charge	1.80 \$
12/13/02	ID# CK# 1140	Ledra Jena 151 Vazel Attermeva IA 50165	staff hrs	96.00
12/19/02	ID# CK# 1141	Ledra Jena 151 Vazel Attermeva IA 50165	staff final	50.00
12/19/02	ID# CK# 1142	Josh Hansen 2120 Lincolnway Ames IA 50014	staff final	50.00
12/20/02	ID# CK# 1144	Jan Sipe 704 Olson Way Marshalltown IA 50158	treasured gift	50.00
12/19/02	ID# CK# 1143	EF Mack Plumbing 103 S. 8th Ave Marshalltown IA 50158	Rent	105.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 352.80
TOTAL (if last page of this schedule) \$ 2415.86

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).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

People for Mack

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
<i>LeAnn Jesenia</i>		
Mailing Address		
<i>151 Vogel</i>		
City	State	Zip Code
<i>Attenuwa</i>	<i>IA</i>	<i>50165</i>

CONTRACT PERIOD (MM/DD/YR)		TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <i>November, 2002</i>	To <i>December 31, 2002</i>	\$ <i>12.00</i>

ESTIMATES OF PERFORMANCE

To advise the campaign committee on matters of organization, volunteer staffing and prepare media advertising copy

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.)

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

SUB-TOTAL	\$
TOTAL (If last page of this schedule)	\$