

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

Reset Form

<b>FORM DR-2</b> (Rev. 01/2003)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1025
Indexed	or
Audited	
Computer	

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

**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 <u>John Redwine</u>	Political Party <u>Republican</u>
Office Sought <u>State Senate</u>	District (if Senate or House) <u>2</u>

JAN 15 2003  
 pm 1-13  
1/6/2003  
 DATE SIGNED

Nancy Sar  
 SIGNATURE OF TREASURER (or person filing this report)

(712)239-4374  
 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 Jan 19, 2003 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.) .....\$ 9,322.75

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	<u>850.00</u>
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 .....**\$ 10,172.75

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>10,172.75</u>
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) .....\$ 0

\*\*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

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SCHEDULE <b>A</b> (Rev. 06/97)	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)  
*Redwine Committee*

**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
1/2/02	ID# CK# 09020	GlaxoSmithKline PAC Five Moore Drive Research Triangle Park, NC 27709		\$ 200	<input type="checkbox"/>
1/10/02	ID# 1025 CK# 1534	IA Soc. of Anesthesiologists PAC 321 43rd St. Des Moines, IA 50312-2531		550	<input type="checkbox"/>
1/12/02	ID# CK# 1257	Pharmacia Corp. Employees PAC 100 Route 206 North Peapack, NJ 07977		100	<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				\$ 850	
<b>TOTAL (if last page of this schedule)</b>				\$ 850	

\* 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.

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**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)  
Reading Committee

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
1/19/02	ID# CK# 1106	Postmaster Des Moines, IA	Postage	\$34.00
2/7/02	ID# CK# 1107	Postmaster Des Moines, IA	Postage	68.00
3/5/02	ID# CK# 1108	Iowa Right to Life 1500 Illinois Des Moines, IA 50314	banquet sponsor	750.00
2/19/02	ID# CK# 1109	Christian Coalition of IA PO Box 65066 Des Moines, IA 50265	2/26 kickoff event sponsor	100.00
4/8/02	ID# CK# 1110	Postmaster Des Moines, IA	postage	68.00
4/22/02	ID# CK# 1111	Dept. of General Services 1305 E. Walnut St. Des Moines, IA 50319	flags + photos	218.86
4/30/02	ID# CK# 1112	Republican Party of IA 621 E. 9th St. Des Moines, IA 50309	Spring dinner	750.00
6/6/02	ID# CK# 1113	Christian Coalition of IA PO Box 65066 Des Moines, IA 50265	IA Victory 2002 Lunch	175.00
SUB-TOTAL				\$ 2163.86
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).)

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

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
7/2/02	ID# CK# 1114	Postmaster Des Moines, IA	postage	\$ 79.20
7/26/02	ID# CK# 1115	Christian Coalition of IA P.O. Box 65066 W. Des Moines, IA 50215	Friends of Family Banquet	400.00
7/26/02	ID# CK# 1116	Pottawattamie Co. GOP 334 Warren Council Bluffs, IA 51503	Pinnacle Club	250.00
12/5/02	ID# CK# 1117	Postmaster Sioux City, IA	postage	74.60
12/10/02	ID# CK# 1118	Phymath County GOP 48138 19th St. Remsen, IA 51050	donation	1,800.00
12/10/02	ID# CK# 1119	Sioux County GOP 206 3rd St. NE Sioux Center, IA 51250	donation	1,800.00
12/10/02	ID# CK# 1120	Woodbury County GOP 5004 Ravine Pl. Ln. Sioux City, IA 51106	donation	1,800.00
12/10/02	ID# CK# 1121	Pottawattamie Co. GOP 334 Warren Council Bluffs, IA 51503	donation	1,805.09
SUB-TOTAL				\$ 8008.89
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 10,172.75</b>

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# Notice of Dissolution

Reset Form

FORM	(Rev. 07/02)
<b>DR-3 NOTICE OF DISSOLUTION</b>	
<b>For Office Use Only</b>	
Comm. #	<u>1025</u>
Indexed	<u>✓</u>
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

JAN 15 2003  
pm 1-13

### COMMITTEE NAME

<u>Redwine Committee</u>	
Official Name of Committee	
<u>33533 S. Ridge Rd.</u>	
Street	
<u>Sioux City, IA 51108</u>	
City, State, Zip Code	
<u>(712)</u>	<u>239-5664</u>
Area Code	Telephone

### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

  
 Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1/6/2003  
 Date Signed

**FOR INSTRUCTIONS, SEE BACK OF FORM**  
**This form is not applicable to statutory political committees.**