

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>5104</u>	
Indexed <u>SP</u>	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
VAULT FOR STATE AUDITOR

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

Michael A. ... 515/225-2170
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

1/17/03
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

DISCLOSURE FILED
JAN 21 2003
FILED MD

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A OCTOBER 30, 2002 TO DEC 31, 2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

- 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.)	\$	<u>7,984.29</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>7,955.00</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>15,939.29</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>3,412.36</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>8,000.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>4,526.93</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>2,003.65</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>54,236.61</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>7,000.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>—</u> YES <u>X</u> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>—</u>

For Instructions, See Back of Form

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
VAUDT FOR STATE AUDITOR

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
10/30/02	ID# CK#	DIANE KUTZKO 2026 5TH AVE SE CEDAR RAPIDS IA 52403		\$ 50	
10/30/02	ID# CK#	WILLARD E WRIGHT #0, BOX 364 CENTER POINT IA 52213		100	
10/30/02	ID# CK#	MICHAEL J MILLER 1401 EMERALD DR. MARSHALLTOWN IA 50158		50	
10/30/02	ID# CK#	MICHAEL F. COONEY III 4004 WESTERN HILLS DR WEST DES MOINES IA 50265		200	
10/30/02	ID# CK#	MARK LUNDY 24 E MAIN ST. MARSHALLTOWN IA 50158		50	✓
10/30/02	ID# CK#	MICHELLE R. SOFER 2155 MCGOWAN BLVD MARION IA 52302		50	✓
10/30/02	ID# CK#	JAMES J ALBERTSON 3710 24TH AVE MARION IA 52302		50	✓
10/30/02	ID# CK#	BURTWIN L DAY P.O. BOX 293 NORWAY IA 52318		100	✓
10/30/02	ID# CK#	ROBERT J LATHAM 356 PARK TER SE CEDAR RAPIDS IA 52403		100	✓
10/30/02	ID# CK#	DOUGLAS N. NEIGHBOR 3373 LAFAYETTE RD ALBURNETT IA 52202		100	✓
SUB-TOTAL				\$ 850	
TOTAL (if last page of this schedule)				\$	

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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)
VAUDT FOR STATE AUDITOR

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10/30/02	ID# CK#	JAMES C. MANVILLE 100 THOMPSON DR. SE #112 CEDAR RAPIDS IA 52403		\$ 100	✓
10/30/02	ID# CK#	ELIOT G. PROTSCH 2612 DIAMOND WOOD DR CEDAR RAPIDS IA 52403		100	✓
10/30/02	ID# CK#	JAMES M. DAUDSON 3700 TERRACE HILL DR NE CEDAR RAPIDS IA 52402		50	✓
10/30/02	ID# CK#	RICHARD L. ANDERSON 2815 VIRGINIA DR SE CEDAR RAPIDS IA 52403		50	✓
10/30/02	ID# CK#	CRAIG E. FRICKE 2856 HUNT TRAIL CEDAR RAPIDS IA 52411		25	✓
10/30/02	ID# CK#	GREGG D. MILLER P.O. BOX 841 MARSHALLTOWN IA 50158		50	✓
10/30/02	ID# CK#	SHERYL A. READOUT 411 N 9TH ST MARSHALLTOWN IA 50158		25	✓
10/30/02	ID# CK#	KIRK E. KAALBERG 1455 BUTTERNUT CT NE SWISHER IA 52338		100	✓
11/2/02	ID# CK#	JOHN T. YHESSER 3612 ADAMS AVE DES MOINES IA 50310		50	
11/2/02	ID# CK#	BARBARA GRIPP 3366 290TH ST WEESTER CITY IA 50595		50	
SUB-TOTAL				\$ 600	
TOTAL (If last page of this schedule)				\$	

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CONTRIBUTIONS – MONEY TAKEN IN
(including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
VAUDT FOR STATE AUDITOR

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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
11/2/02	ID# CK#	ROXANNE J. T. CREW 1126 18TH AVE SPENCER IA 51301		\$ 25	
11/2/02	ID# CK#	KIRK L. TIBBETTS 4413 99TH ST. URBANDALE IA 50322		150	
11/2/02	ID# CK#	JOSEPH PROCTOR 108 30TH ST DES MOINES IA 50312		200	
11/2/02	ID# CK#	ROBERT A. DEARSON 3 BRIAR POINT DR KANSAS CITY MO. 64116		250	
11/2/02	ID# 9761 CK# 1017	WHAM PAC 500 RIVERVIEW DR ROCKFORD IA 50468		500	
11/2/02	ID# CK#	SALLY R. HARRIS 4209 QUAIL CT WEST DES MOINES IA 50265		100	
11/2/02	ID# CK#	MARK R. SCHULING 500 GLENVIEW DR DES MOINES IA 50312		50	
11/2/02	ID# CK#	TOMM DESMIDT 6005 PINE VIEW DR SIOUX CITY IA 51106		25	
11/2/02	ID# CK#	HEIDI HOPE TOALE 1000 15TH AVE W SPENCER IA 51301		25	
11/4/02	ID# CK#	RUSSELL KASCH P.O. BOX 153 SIBLEY IA 51249		25	
SUB-TOTAL				\$ 1350	
TOTAL (If last page of this schedule)				\$	

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

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

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

VAUDT FOR STATE AUDITOR

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DATE RECEIVED (MM/DD/YYR)	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
11/4/02	ID# CK#	WESLEY STILLE 1001 EMERALD DR. STORM LAKE IA 50588		\$ 25	
11/9/02	ID# CK#	STANTON G BONTA 4501 98TH ST DES MOINES IA 50322		100	
11/7/02	ID# CK#	DAVID J HOVE 11577 NW TIMBERBROOKS LN GRIMES IA 50111		100	
11/7/02	ID# CK#	RAE E JACOBS 1550 WICKLOW DR ROBINS IA 52328		100	✓
11/7/02	ID# CK#	LISA L. SIEVERS 2735 1ST AV NEW LIBERTY IA 52765		100	✓
11/7/02	ID# CK#	KATHY SHOWALTER 2351 S LAKEVIEW DR #48 CLEAR LAKE IA 50428		25	✓
11/12/02	ID# CK#	MARK T. HAMER 122 S LINN ST. IOWA CITY IA 52240		100	✓
11/14/02	ID# CK#	LINDA J HINES 695 48TH ST. DES MOINES IA 50312		100	
11/14/02	ID# CK#	DONALD J CONLON 3 GLENDALE DR IOWA CITY IA 52245		50	
11/15/02	ID# CK#	JOHANNY DANOS 1225 RIVER VISTA DR DES MOINES IA 50315		500	
SUB-TOTAL				\$1200	
TOTAL (if last page of this schedule)				\$	

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
VAUDT FOR STATE AUDITOR

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DATE RECEIVED (MM/DD/YYR)	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
11/21/02	ID# CK#	HEATHER ADAMS 1408 46 TH ST DES MOINES IA 50311		\$ 80	
11/25/02	ID# CK#	DAVID A VAUDT 1715 S 42ND ST DES MOINES IA 50265	Candidate	3500	
12/3/02	ID# CK#	JOHN J. CLARKE 5050 GRAND AVE WEST DES MOINES IA 50265		250	
12/16/02	ID# CK#	JOHN P. TOALE 1000 15 TH AVE W. SPENCER IA 51301		25	
12/19/02	ID# CK#	WILLIAM T. GRASK 1601 NW 114 TH ST NO 351 CLIVE IA 50325		100	
	ID# CK#				

SUB-TOTAL **\$3955**
TOTAL (if last page of this schedule) **\$7955**

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SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME (Must be same as on Statement of Organization)
VAUDT FOR STATE AUDITOR

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
11/15/02	ID# CK#	BERNARDO GRANWEHR 2201 39 TH ST DES MOINES IA 50309	PAIDROLL 10/31 & 11/15	\$ 907.50
11/15/02	ID# CK#	ADD 8100 CEDAR AVE BLOOMINGTON MN 55425	PAIDROLL 10/31 & 11/15 TAXES 181.38 PROCESSING 97.18	278.56
11/22/02	ID# CK#	JEFF HARTSHORN 250 MILLS CIVIL DR WEST DES MOINES IA 50365	SECURITY FOR CAMPAIGN VOLUNTEER/CONTRIBUTOR RECEPTION	87.50
11/22/02	ID# CK#	CHRISTIAN'S VIP CATERING 1150 DIEHL AVE DES MOINES IA 50315	FOOD FOR CAMPAIGN VOLUNTEER/CONTRIBUTOR RECEPTION	1950.28
11/22/02	ID# CK#	STEVE RIGHI 1606 N CORTINA DR ANKENY IA 50021	BEVERAGE & SERVICE FOR VOLUNTEER/CONTRIBUTOR RECEPTION	104.76
11/26/02	ID# CK#	LAKES NEWS SHOPPER 918 10 TH ST MILFORD IA 51351	PRINT MEDIA	80.03
12/5/02	ID# CK#	BANKERS TRUST CO. 665 LOCUST ST DES MOINES IA 50309	ACCOUNT VOLUME CHG	3.73
	ID# CK#			
SUB-TOTAL				\$ 3412.36
TOTAL (if last page of this schedule)				\$ 3412.36

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).)

SCHEDULE E (Rev. 08/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
VAUDT FOR STATE AUDITOR

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/30/02	CLINTON CO REP WOMEN'S CLUB 1315 N. THIRD ST CLINTON IA 52732		MEDIA	\$ 56.00	
11/15/02	CALHOUN CO. REPUBLICANS 329 COURT ST. ROCKWELL CITY IA 50579		MEDIA	30.00	
11/04/02	REPUBLICAN PARTY OF IA 621 E 9TH DES MOINES IA 50309		MEDIA	410.87	
11/15/02	KEOKUK CO. REP GOVT COMM P.O. BOX 231 SIGOURNEY IA 52591		MEDIA	13.57	
12/5/02	CEDAR COUNTY REPUBLICANS 101 N 4TH BOX 111 STANWOOD IA 52337		MEDIA	101.71	
10/22/02	REPUBLICAN PARTY OF IA 621 E 9TH ST. DES MOINES, IA 50309		MEDIA	1065.67	
10/11/02	REPUBLICAN PARTY OF IA 621 E 9TH ST DES MOINES IA 50309		MEDIA	642.12	
10/7/02	REPUBLICAN PARTY OF IA 621 E 9TH ST DES MOINES IA 50309		MEDIA	33,333.34	
10/30/02	REPUBLICAN PARTY OF IA 621 E 9TH ST. DES MOINES IA 50309		MEDIA	10,333.33	
12/31/02	DAVID A VAUDT 1715 S 42ND ST WEST DES MOINES IA 50265		CELL PHONE USAGE	250.00	

SUB-TOTAL \$ 54,236.61
TOTAL (if last page of this schedule) \$ 54,236.61

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COMMITTEE NAME (Must be same as on Statement of Organization)
VAUDT FOR STATE AUDITOR

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 15,000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
11/5/02	DAVID A VAUDT 1715 S. 42ND ST. WEST DES MOINES IA 50265		\$ 8000.00

TOTAL CASH REPAYMENTS (PART II) \$ 8000.00

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 7000.00

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