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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT

For Office Use Only
Comm. # 6033
Indexed Sw KH
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Employers Mutual Casualty Co. Political Action Comm. for Responsible State Govt

IMPORTANT: Indicate type of committee you are reporting for: 2

(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

Political Party

Office Sought

District (if Senate or House)

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 9 2003
FILED pm 1-8 03

SIGNATURE OF TREASURER (or person filing this report) — **TELEPHONE** 515-280-2950 — **DATE SIGNED**

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 date) REPORT FOR AN/A **(1) ELECTION /(2)NON-ELECTION** YEAR. Indicate one 1

☐ 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.) ..... $ 584.52

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 879.90

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 ..... $ 1,464.42

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1,090.00

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) ..... $ 374.42

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... $ 0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 0.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... $ 0.00

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 **A** (Rev. 06/97)	MONETARY RECEIPTS
☐ 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)*

Employers Mutual Casualty Co. Political Action Committee for Responsible State Govt.

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
10/11,10/25, 11/8,11/22, 12/6,12/20/02	ID# CK#	Ron Herman 1209 Bentwood Court Altoona, IA 6 x $2.50 =		$ 15.00	☐
"	ID# CK#	James Dawson 9017 Ridgeview Dr Johnston, IA 50131 6 x $1.50 =		9.00	☐
"	ID# CK#	Pam Heilskov 1006 SE Michael Dr Ankeny, IA 50021 6 x $3.50 =		21.00	☐
"	ID# CK#	Mike Hanback 4212 Adams Des Moines, IA 50310 6 x $3.25 =		19.50	☐
"	ID# CK#	Joe Smith 5900 Jordan Dr Des Moines, IA 50315 6 x $5.00 =		30.00	☐
"	ID# CK#	Ken Cumpston 1900 NW 152nd St Clive, IA 50325 6 x $2.50 =		15.00	☐
"	ID# CK#	Georgia Rhoades 3633 Cornell Des Moines, IA 50313 6 x $10.00 =		60.00	☐
"	ID# CK#	Robert Morlan 3404 Wakonda Court Des Moines, IA 50321 6 x $3.25 =		19.50	☐
"	ID# CK#	Herb Suffel 990 3rd Waukee, IA 50263 6 x $3.25		19.50	☐
"	ID# CK#	Monte Ball 304 41st St Des Moines, IA 6 x $5.00 =		30.00	☐
			SUB-TOTAL	$ 238.50	
			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

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SCHEDULE **A** (Rev. 06/97)	MONETARY RECEIPTS
☐ 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)*

Employers Mutual Casualty Co. Political Action Comm. for Responsible State Gov

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.

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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
10/11,10/25, 11/8,11/22, 12/6,12/20 02	ID# /CK#	Beech Turner 1904 75th St Des Moines, IA 50322 6 x $2.89 =		$ 17.34	☐
"	ID# CK#	Joe Burkle 915 4th St Waukee, IA 50263 6 x $2.00 =		12.00	☐
"	ID# CK#	Sharon Gentsch 408 Lacona Des Moines, IA 50315 6 x $$.96 =		5.76	☐
"	ID# CK#	Jean Bloomburg 4638 Elm West Des Moines, IA 50265 6 x $4.50 =		27.00	☐
"	ID# CK#	Ron Paine 10577 Elmcrest Dr West Des Moines, IA 50325 6 x $3.75 =		22.50	☐
"	ID# CK#	Ron Jean 2214 Ridgewood Dr Altoona, IA 6 x $5.50 =		33.00	☐
'	ID# CK#	William Murray 1770 Birchwood Circle Waukee, IA 50263 6 x $3.50 =		21.00	☐
"	ID# CK#	Ray Davis 12926 Timberline Dr Urbandale, IA 50323 6 x $3.27 =		19.62	☐
"	ID# CK#	Dave Narigon P. O. Box 308 Monroe, IA 50170 6 x $13.20 =		79.20	☐
"	ID# CK#	Bruce Kelley 14 Glenview Dr Des Moines, IA 50312 6 x $19.23 =		115.38	☐

SUB-TOTAL $ 352.80

TOTAL ***(if last page of this schedule)*** $

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For Instructions, See Back of Form

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SCHEDULE **A** (Rev. 06/97)	MONETARY RECEIPTS
☐ 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)*

Employers Mutual Casualty Co. Political Action Comm. for Responsible State Gov

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
10/11, 10/25, 11/8, 11/22, 12/6, 12/20/02	ID# /CK#	John Isenhart 6099 Brandywine Johnston, IA 50131 6 x $3.25 =		$ 19.50	☐
"	ID# CK#	Kevin Hovick 5608 Orchard Dr West Des Moines, IA 6 x $2.50 =		15.00	☐
"	ID# CK#	Al Huisinga 440 N 8th St Carlisle, IA 50047 6 x $10.00 =		60.00	☐
"	ID# CK#	Keith Troester 2411 N 15th St Adel, IA 50003 6 x $3.27 =		19.62	☐
"	ID# CK#	Mark McColley 8901 Boston Ave Urbandale, IA 50322 6 x $3.20 =		19.20	☐
"	ID# CK#	Joan Bolin 3419 St Johns Rd Des Moines, IA 6 x $5.00 =		30.00	☐
"	ID# CK#	Lonnie Schwab P. O. Box 475 Waukee, IA 50263 6 x $3.25 =		19.50	☐
"	ID# CK#	Dennis Christy 1801 NW 81st Clive, IA 50325 6 x $3.25 =		19.50	☐
"	ID# CK#	Jim Fontanini 929 43rd St West Des Moines, IA 50265 6 x $5.00 =		30.00	☐
"	ID# CK#	Heather Boustead 7618 Madison Ave Des Moines, IA 6 x $3.13 =		18.78	☐
			SUB-TOTAL	$ 251.10	
			TOTAL ***(if last page of this schedule)***	$	

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For Instructions, See Back of Form

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SCHEDULE **A** (Rev. 06/97)	MONETARY RECEIPTS
☐ 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)*

Employers Mutual Casualty Co. Political Action Comm for Responsible State Govt

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
10/11,10/25,11/8,11/22,12/6,12/20/02	ID# CK#	Jerry McClelland 9609 Tanglewood Dr Urbandale, IA 50322 6 x $3.00 =		$ 18.00	☐
"	ID# CK#	Adam Rourke 386 215th Ave Hartford, IA 50118 6 x $3.25 =		19.50	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 37.50

TOTAL ***(if last page of this schedule)*** $ 879.90

* 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

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SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ 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)*

Employers Mutual Casualty Co. Political Action Comm. for Responsible State Government

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
9-25-02	ID# 6069 CK# 1828	IIPAC c/o ABI 904 Walnut St, Ste 100 Des Moines, IA 50309	This check was reported on 10-19-02 filing but was not sent. It was voided.	$ -100.00
10-22-02	ID# 1304 CK# 1830	Neighbors for Hatch 1623 Woodland Ave Des Moines, IA 50309	Campaign Contribution	25.00
11-08-02	ID# 5106 CK# 1831	Citizens for Deluhery 11839 100th Ave Davenport, IA 52804	Campaign Contribution	250.00
12-03-02	ID# 5076 CK# 1832	Iowans for Vilsack/Pederson P. O. Box 958 Des Moines, IA 50304-9929	Campaign Contribution	500.00
12-17-02	ID# 699 CK# 1833	Kettering Campaign 275 Crescent Park Dr Lake View, IA 51450	Campaign Contribution	50.00
12-23-02	ID# CK# 1834	Republican Party of Iowa 621 E 9th Des Moines, IA 50309	Political Contribution	365.00
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL (*if last page of this schedule*)	$ 1,090.00

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).)