

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>10262</u>
Indexed	<u>JW KH</u>
Audited	_____
Computer	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
IOWA RIGHT TO LIFE STATE PAC

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

William 276-8945 12-31-02
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

JAN 10 2003

I AM FILING A JANUARY 19, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

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.) \$ 1046.87

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 2798.06

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 \$ 3844.93

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 3747.55

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)..... \$ 97.38

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 407.00

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

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)
 IOWA RIGHT TO LIFE STATE PAC

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
10-26-02	ID# CK#	State Federal Bank 13523 University Clive, IA 50325		\$.14	
10-30-02	ID# CK# 11964	Tom Coates 1515 E. 17th St. Norwalk, IA 50211		1500.-	
10-30-02	ID# CK# 11964	Tom Coates 1515 E. 17th St. Norwalk, IA 50211		1500.-	
11-2-02	ID# CK# 4518	Adrienne Magill 1503 - 260th St. Algona, IA 50511		50.-	
11-2-02	ID# CK# 2684	Robt. Cofelt 909 SW 2nd Eagle Grove, IA 50533		50.-	
11-2-02	ID# CK# 1969	Conley Nelson 503 West Keith St. Algona, IA 50511		50.-	
11-2-02	ID# CK# 1291	Bonnie Hall 1802 - 180th St. Boone, IA 50036		300.-	
11-2-02	ID# CK# 2108	Darra Johnson 4241 Eisenhower Ct. Ames, IA 50010		50.-	
11-2-02	ID# CK# 2113	RANDALL SIDICKER 2948 Cyprus Dr Ames, IA 50010		250.-	
11-23-02	ID# CK#	State Federal Bank 13523 University Clive, IA 50325		.09	

SUB-TOTAL \$ 2250.23

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
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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/YY)	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
12/19/02	ID# CK# 5236	Gene Manternach 9608 Maple Rd. Cascade, IA 52033	—	\$ 500.-	
12/27/02	ID# CK# 1334	IRL Committee 44 1500 Illinois St. Des Moines, IA 50314	—	47.73	
12/30/02	ID# CK#	State Federal Bank 13523 University Clive, IA 50325	—	.10	
	ID# CK#				

SUB-TOTAL \$547.83

TOTAL (if last page of this schedule) \$2798.06

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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)

IOWA RIGHT TO LIFE STATE PAC

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
10-28-02	ID# CK# 131	VICTORY ENTERPRISES 324 S. Fairmount St. Davenport, IA 52802	RADIO AD	\$ 1500.00
10-31-02	ID# CK# 132	POSTMASTER MAIN POSTOFFICE Des Moines, IA 50318	stamps	296.00
10-28-02	ID# CK# 130	POSTMASTER UNIVERSITY STATION Des Moines IA 50311	"	600.00
12-27-02	ID# CK# 133	IRTL Committee 1500 Illinois Ave Des Moines, IA 50314	reimburse for FedEx, postage, photocopies, paper, & envelopes	1351.55
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 3747.55

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).)

