

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 02/96)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>6106</u>	
Indexed <u>kh kh</u>	
Audited _____	
Computer _____	

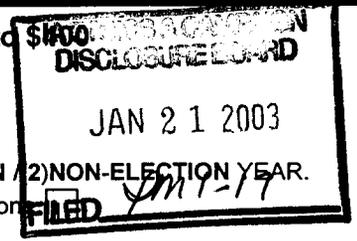
**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Wells Fargo Financial Services, Inc. Political Action Committee

**IMPORTANT:** Indicate type of committee you are reporting for:  **FED PAC Filed with FEC**

( 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

Michael J. Maturo 515-243-2131 1/14/03  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$100



**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A 1/19/03 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate on \_\_\_\_\_

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.) ..... \$ 12,041.83

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... \_\_\_\_\_

Schedule C: Fund-raising Events total (Attach Schedule C)..... \_\_\_\_\_

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** ..... \$ 12,041.83

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B)..... 3,579.75

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) ..... \$ 8,462.08

**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

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 02/96)	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)  
Wells Fargo Financial Services, Inc. Political Action 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 (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
10/18/02	ID# 868 CK# 1220	Jacobs Committee 808 58th St. West Des Moines, IA 50266	Contribution ( )	\$ 100.00
10/18/02	ID# 851 CK# 1221	Iowans for Van Fossen 2802 Middle Road Davenport, IA 52803	Contribution ( )	100.00
10/18/02	ID# 1004 CK# 1222	Jenkins for House Committee P.O. Box 932 Waterloo, IA 50707	Contribution ( )	100.00
10/18/02	ID# 315 CK# 1223	Wise Voters 503 Grand Ave. Keokuk, IA 52632	Contribution ( )	100.00
10/18/02	ID# 703 CK# 1224	Committee to Elect Mat McCoy 2421 East Leach Avenue Des Moines, IA 50320	Contribution ( )	100.00
10/18/02	ID# 997 CK# 1225	Friends for Dix 317 South Walnut Shell Rock, IA 50670	Contribution ( )	100.00
10/18/02	ID# 992 CK# 1226	Schuerer for State Senate 4422 I Street Amana, IA 52203	Contribution ( )	100.00
SUB-TOTAL				\$ 700.00
<b>TOTAL (if last page of this schedule)</b>				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Campaign funds may be used only for:  
 (1) campaign purposes,  
 (2) constituency expenses, and  
 (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

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.

<b>SCHEDULE</b> <b>B</b> (Rev. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Wells Fargo Financial Services, Inc. Political Action 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 (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
10/18/02	ID# 987 CK# 1227	Huser for State Representative 213 7th St. NW Altoona, IA 50009	Contribution ( )	\$ 50.00
10/31/02	ID# CK# 1228	Committe for Blasdell 16428 Harvard Avenue East Liverpool, OH 44691	Contribution ( )	500.00
11/01/02	ID# CK# 1229	Democratic Party of Wisconsin Federal Account 222 State Street Madison, WI 53703	Contribution ( )	250.00
11/01/02	ID# CK# 1230	Republican Assemble Campaign Committee P.O. Box 2N Madison, WI 53701	Contribution ( )	250.00
10/16/02	ID# CK# Bank Debit	US Bank 520 Walnut St. Des Moines, IA 50309	Service Charge ( )	38.93
12/03/02	ID# CK# 1231	Texas Financial Service Assoc. Political Action Committee 919 Congress Ave. Suite 1150	Contribution ( )	1750.00
11/15/02	ID# CK# Bank Debit	US Bank 520 Walnut St. Des Moines, IA 50309	Service Charge ( )	40.82
SUB-TOTAL				\$ 2879.75
<b>TOTAL (if last page of this schedule)</b>				\$ 3579.75

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Please insert the applicable number in the purpose column for each expenditure.

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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

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

Wells Fargo Financial Services, Inc. Political Action Committee

<b>SCHEDULE E</b> (Rev. 02/96)	<b>IN KIND CONTRIBUTIONS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE
Various	Wells Fargo Financial, Inc. 206 Eighth St. Des Moines, IA 50309		Administrative Cost & Postage	\$  125.00
<b>SUB-TOTAL</b>				\$  125.00
<b>TOTAL (if last page of this schedule)</b>				\$  125.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.