

7001-03200-0001-8466-5698

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

FORM DR-2 DISCLOSURE REPORT (Rev. 03/2003) For Office Use Only Comm. # 4033 Logged In SW Scanned Computer Audited

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

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 State of Candidates

CANDIDATE COMMITTEES ONLY: Candidate Name Political Party Office Sought MAY 21 2003 certified pm 5-19 District (if Senate or House)

SIGNATURE OF TREASURER (or person filing this report) 515-280-2950 TELEPHONE 5-19-03 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 May 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

Table with columns for description and amount. Rows include: CASH ON HAND at beginning (\$374.42), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1,669.35, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$2,043.77), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 25.00, Schedule F: 0.00), CASH ON HAND at end (\$2,018.77), **UNPAID BILLS (\$0.00), **IN KIND CONTRIBUTIONS (\$0.00), **OUTSTANDING LOANS (\$0.00), CANDIDATE COMMITTEES ONLY, CONSULTANT BREAKDOWN, VALUE OF CAMPAIGN PROPERTY.

For Instructions, See Back of Form



SCHEDULE A (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)
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
Multiple Dates	ID# CK#	Ron Herman 1209 Bentwood Court Altoona, IA 9 x \$2.50 =		\$ 22.50	<input type="checkbox"/>
"	ID# CK#	James Dawson 9017 Ridgeview Dr Johnston, IA 50131 9 x \$1.50 =		13.50	<input type="checkbox"/>
"	ID# CK#	Pam Heilskov 1006 SE Michael Dr Ankeny, IA 50021 9 x \$3.50 =		31.50	<input type="checkbox"/>
"	ID# CK#	Mike Hanback 4212 Adams Des Moines, IA 50310 9 x \$3.25 =		29.25	<input type="checkbox"/>
"	ID# CK#	Joe Smith 5900 Jordan Dr Des Moines, IA 50315 9 x \$5.00 =		45.00	<input type="checkbox"/>
"	ID# CK#	Ken Cumpston 1900 NW 152nd St Clive, IA 50325 9 x \$2.50 =		22.50	<input type="checkbox"/>
"	ID# CK#	Georgia Rhoades 3633 Cornell Des Moines, IA 50313 9 x \$10.00 =		90.00	<input type="checkbox"/>
"	ID# CK#	Robert Morlan 3404 Wakonda Court Des Moines, IA 50321 9 x \$3.25 =		29.25	<input type="checkbox"/>
"	ID# CK#	Herb Suffel 990 3rd Waukee, IA 50263 9 x \$3.25 =		29.25	<input type="checkbox"/>
"	ID# CK#	Monte Ball 304 41st St Des Moines, IA 9 x \$5.00 =		45.00	<input type="checkbox"/>
SUB-TOTAL				\$ 357.75	
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.

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Multiple Dates	ID# CK#	Beech Turner 1904 75th St Des Moines, IA 50322 9 x \$2.89 =		\$ 26.01	<input type="checkbox"/>
"	ID# CK#	Joe Burkle 915 4th St Waukee, IA 50263 9 x \$2.00 =		18.00	<input type="checkbox"/>
"	ID# CK#	Sharon Gentsch 408 Lacona Des Moines, IA 50315 9 x \$.96 =		8.64	<input type="checkbox"/>
"	ID# CK#	Jean Bloomburg 4638 Elm West Des Moines, IA 50265 9 x \$4.50 =		40.50	<input type="checkbox"/>
"	ID# CK#	Ron Paine 10577 Elmcrest Dr West Des Moines, IA 50325 9 x \$3.75 =		33.75	<input type="checkbox"/>
"	ID# CK#	Ron Jean 2214 Ridgewood Dr Altoona, IA 9 x \$5.50 =		49.50	<input type="checkbox"/>
"	ID# CK#	William Murray 1770 Birchwood Circle Waukee, IA 50263 9 x \$3.50 =		31.50	<input type="checkbox"/>
"	ID# CK#	Ray Davis 12926 Timberline Dr Urbandale, IA 50323 9 x \$3.27 =		29.43	<input type="checkbox"/>
"	ID# CK#	Dave Narigon P. O. Box 308 Monroe, IA 50170 9 x \$13.20 =		118.80	<input type="checkbox"/>
"	ID# CK#	Bruce Kelley 14 Glenview Dr Des Moines, IA 50312 9 x \$19.23 =		173.07	<input type="checkbox"/>
SUB-TOTAL				\$ 529.20	
TOTAL (if last page of this schedule)				\$	

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

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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
Multiple Dates	ID# CK#	John Isenhart 6099 Brandywine Johnston, IA 50131 9 x \$3.25 =		\$ 29.25	<input type="checkbox"/>
"	ID# CK#	Kevin Hovick 5608 Orchard Dr West Des Moines, IA 9 x \$2.50 =		22.50	<input type="checkbox"/>
"	ID# CK#	Al Huisinga 440 N 8th St Carlisle, IA 50047 9 x \$10.00 =		90.00	<input type="checkbox"/>
"	ID# CK#	Keith Troester 2411 N 15th St Adel, IA 50003 9 x \$3.27 =		29.43	<input type="checkbox"/>
"	ID# CK#	Mark McColley 8901 Boston Ave Urbandale, IA 50322 9 x \$3.20 =		28.80	<input type="checkbox"/>
"	ID# CK#	Joan Bolin 3419 St Johns Rd Des Moines, IA 9 x \$5.00 =		45.00	<input type="checkbox"/>
"	ID# CK#	Lonnie Schwab P. O. Box 475 Waukee, IA 50263 9 x \$3.25 =		29.25	<input type="checkbox"/>
"	ID# CK#	Dennis Christy 1801 NW 81st Clive, IA 50325 9 x \$3.25 =		29.25	<input type="checkbox"/>
"	ID# CK#	Jim Fontanini 929 43rd St West Des Moines, IA 50265 9 x \$5.00 =		45.00	<input type="checkbox"/>
"	ID# CK#	Heather Boustead 7618 Madison Ave Des Moines, IA 9 x \$3.13 =		28.17	<input type="checkbox"/>
SUB-TOTAL				\$ 376.65	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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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

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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
Multiple Dates	ID# CK#	Jerry McClelland 9609 Tanglewood Dr Urbandale, IA 50322 9 x \$3.00 =		\$ 27.00	<input type="checkbox"/>
"	ID# CK#	Adam Rourke 386 215th Ave Hartford, IA 50118 9 x \$3.25 =		29.25	<input type="checkbox"/>
"	ID# CK#	Tim Wylder 8512 Horton Ave Des Moines, IA 6 x \$2.50 =		15.00	<input type="checkbox"/>
"	ID# CK#	Martin Reed 737 E Walnut, #29 Elkhart, IA 50073 6 x \$1.00 =		6.00	<input type="checkbox"/>
"	ID# CK#	Tina Brennecke 4560 Bartholomew Dr Pleasant Hill, IA 50327 1 x \$1.00 =		1.00	<input type="checkbox"/>
"	ID# CK#	David Grzeskowiak 4400 Park Ave., Apt. 16 Des Moines, IA 50321 1 x \$2.50 =		2.50	<input type="checkbox"/>
04-01-03	ID# CK#	Brian Nelson 9019 Oakwood Dr Norwalk, IA 50211		10.00	<input type="checkbox"/>
04-02-03	ID# CK#	Don Klemme 3908 Muskogee Ave Des Moines, IA 50312		175.00	<input type="checkbox"/>
04-04-03	ID# CK#	Paul Mack 1320 7th St Nevada, IA 50201		5.00	<input type="checkbox"/>
04-07-03	ID# CK#	Judy Cecil 1436 42nd St Des Moines, IA 50311		12.50	<input type="checkbox"/>
SUB-TOTAL				\$ 283.25	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
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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
04-09-03	ID# CK#	Ellen Moore 2389 S Lakeview Dr Greenfield, IA 50849		\$ 12.50	<input type="checkbox"/>
04-11-03	ID# CK#	Robert Link 214 NE 64th St Des Moines, IA 50327-9125		60.00	<input type="checkbox"/>
04-18-03	ID# CK#	Ross Sales 724 46th St West Des Moines, IA 50265		50.00	<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				\$ 122.50	
TOTAL (if last page of this schedule)				\$ 1,669.35	

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)*
 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 <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05-05-03	ID# 965 CK# 1836	McKibben for Senate Comm. P. O. Box 308 Marshalltown, IA 50158	Political Contribution	\$ 25.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 25.00

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).)