

FOR INSTRUCTIONS, SEE BACK OF FORM

### DISCLOSURE SUMMARY PAGE

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
IOWA SOCIETY OF ANESTHESIOLOGISTS PAC # 6484

**POLITICAL ACTION COMMITTEE**

**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) \_\_\_\_\_

MAY 19 2003  
*fxk*

<b>FORM DR-2</b> (Rev. 03/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>6484</u>	
Logged In <u>[initials]</u>	
Scanned _____	
Computer _____	
Audited _____	

George Lederhans 515-241-5722 5/19/03  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 5/19/03 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.

Indicate one    
 CHECK IF AMENDMENT TO REPORT DATED 1/19/03

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.) ..... \$ 640.27

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 6,075.00

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** .... \$ 6,715.27

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

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

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) ..... \$ 6,705.27

\*\*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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

IOWA SOCIETY OF ANESTHESIOLOGISTS PAC #6484  
 POLITICAL ACTION COMMITTEE

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
1/21/03	ID# CK#	JOHN HERRING 1550 BOYSON RD. HIAWATHA, IA 52233		\$ 100	
"	ID# CK#	MARK STEINE 1550 BOYSON RD HIAWATHA, IA 52233		100	
"	ID# CK#	CHRIS TEGGATZ 1550 BOYSON RD. HIAWATHA, IA 52233		300	
"	ID# CK#	CHRISTOPHER WALSH 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	DAVID NAUPT 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	NANCY LORENZINI 1550 BOYSON RD. HIAWATHA, IA 52233		50	
"	ID# CK#	SCOTT MURTHA 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	DOUG SEDLACEK 1550 BOYSON RD. HIAWATHA, IA 52233		200	
"	ID# CK#	DAVID BURKAMPER 1550 BOYSON RD. HIAWATHA, IA 52233		150	
"	ID# CK#	JEFFREY CLARK 1550 BOYSON RD. HIAWATHA, IA 52233		100	

SUB-TOTAL \$ 1,300

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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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
**IOWA SOCIETY OF ANESTHESIOLOGISTS**  
**PAC # 6484**

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1/21/03	ID# CK#	CARRIE DYKSTRA 1550 BOYSON RD. HIAWATHA, IA 52233		\$ 100	
"	ID# CK#	TORK HARMAN 1550 BOYSON RD. HIAWATHA, IA 52233		250	
"	ID# CK#	CHRISTINE BOTKIN 1550 BOYSON RD. HIAWATHA IA 52233		100	
"	ID# CK#	MICHAEL ALMASI 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	RICHARD AERTS 1550 BOYSON RD. HIAWATHA, IA 52233		250	
"	ID# CK#	JANET ACARREGUI 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	GAIL VANDEWALKER 1550 BOYSON RD. HIAWATHA, IA 52233		200	
2/03	ID# CK#	TIMOTHY BRENNAN DEPT. OF ANESTHESIA IOWA CITY, IA 52242		100	
"	ID# CK#	PAULA Mc FADDEN 999 HOME PLAZA WATERLOO, IA 50701		100	
"	ID# CK#	JOHN WILSON 1215 PLEASANT ST, SUITE 400 DES MOINES, IA		100	
SUB-TOTAL				\$ 1,400	
TOTAL (if last page of this schedule)				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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 PAC # 6484

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2/03	ID# CK#	PATRICIA HOFFMANN 1215 PLEASANT ST, SUITE 400 DES MOINES, IA 50309		\$ 250	
"	ID# CK#	JON FAETH 2847 N. BRADY ST. DAVENPORT, IA 52809		500	
"	ID# CK#	TIMOTHY CROSS 1410 6th ST. SW MASON CITY, IA 50401		250	
"	ID# CK#	GARY SHANKS 2847 N. BRADY ST. DAVENPORT, IA 52809		100	
"	ID# CK#	BRYAN PEARSON 411 LAUREL ST, SUITE 3170 DES MOINES, IA 50314		100	
"	ID# CK#	JOHN JABOUR 1215 PLEASANT ST, SUITE 400 DES MOINES, IA 50309		250	
"	ID# CK#	THOMAS MULKADA 312 E. ALTA VISTA OTTUMWA, IA 52501		100	
"	ID# CK#	JUDITH DILLMAN 504 E JEFFERSON, SUITE 106 IOWA CITY, IA 52246		600	
"	ID# CK#	KENNETH POLLACK 6001 WESTOWN PARKWAY WEST DES MOINES, IA 50266		100	
"	ID# CK#	MARK SHOCKLEY 2710 ST. FRANCIS DR, SUITE 410 WATERLOO, IA 50702		200	
SUB-TOTAL				\$ 1,950	
TOTAL (if last page of this schedule)				\$	

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(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
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3/03	ID# CK#	PATRICIA CHONG P.O. BOX 268 IOWA CITY, IA 52244		\$ 100	
"	ID# CK#	TIM HAINDS 2720 STONE PARK BLVD SIOUX CITY, IA 51104		250	
"	ID# CK#	GEORGE LEDERHANS 1215 PLEASANT ST., SUITE 400 DES MOINES, IA 50309		250	
"	ID# CK#	KEVIN HEALY 1215 DUFF AVE. AMES, IA 50010		100	
"	ID# CK#	MICHAEL QUALEY 1410 6th ST SW MASON CITY, IA 50401		250	
"	ID# CK#	ROBERT BECKMAN 508 E MARKET ST. IOWA CITY, IA 52245		100	
"	ID# CK#	CAROLYN DORNER 5518 GRAND AVE. DES MOINES, IA 50312		25	
"	ID# CK#	STEPHEN FORNEY 1215 PLEASANT ST, SUITE 400 DES MOINES, IA 50309		100	
"	ID# CK#	ROBERT HADA 1215 PLEASANT ST, SUITE 400 DES MOINES, IA 50309		250	
	ID# CK#				
SUB-TOTAL				\$ 1,425	
<b>TOTAL (if last page of this schedule)</b>				\$ 6,075	

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