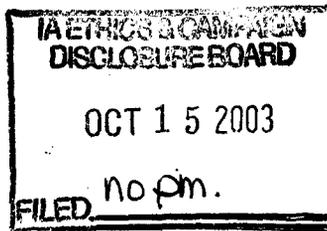


FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98) DISCLOSURE REPORT. For Office Use Only: Comm. # 6310, Indexed SW, Audited, Computer.

COMMITTEE NAME (Must be same as on Statement of Organization) UNITED FOOD & COMMERCIAL WORKERS LOCAL 230 6310. 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

SIGNATURE OF TREASURER (or person filing this report) [Signature] TELEPHONE 641-682-2807

DATE SIGNED OCT 14, 2003

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A OCT 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 the beginning of the reporting period (\$14,021.39), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 6,902.00, Schedule F: 0, Schedule H: 0), SUB-TOTAL (\$20,923.39), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 5,549.54, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$15,373.85).

Table with columns for description and amount. Rows include: UNPAID BILLS (\$0), IN KIND CONTRIBUTIONS (\$0), OUTSTANDING LOANS (\$0), CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) (YES/NO), VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) (\$0).

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

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

UNITED FOOD & COMMERCIAL WORKERS LOCAL 230 6310

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
07-21-03	ID# CK#	PAYROLL DEDUCTION		\$ 558.25	
08-04-03	ID# CK#	PAYROLL DEDUCTION		528.25	
08-04-03	ID# CK#	PAYROLL DEDUCTION		534.50	
08-08-03	ID# CK#	PAYROLL DEDUCTION		527.00	
08-18-03	ID# CK#	PAYROLL DEDUCTION		515.25	
08-25-03	ID# CK#	PAYROLL DEDUCTION		517.50	
09-02-03	ID# CK#	PAYROLL DEDUCTION		511.25	
09-08-03	ID# CK#	PAYROLL DEDUCTION		515.00	
09-15-03	ID# CK#	PAYROLL DEDUCTION		548.75	
09-29-03	ID# CK#	PAYROLL DEDUCTION		554.75	

SUB-TOTAL

\$ 5310.50

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

**CONTRIBUTIONS – MONEY TAKEN IN**  
(Including candidate's personal funds)

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*UNIONED FOOD & COMMERCIAL WORKERS LOCAL 230 6310*

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
10-06-03	ID# CK#	PAYROLL DEDUCTION		\$ 1,060.00	
10-13-03	ID# CK#	PAYROLL DEDUCTION		531.50	
	ID# CK#				

SUB-TOTAL \$ 1,591.50

TOTAL (if last page of this schedule) \$ 6,902.00

\* 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

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

SCHEDULE <b>B</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)  
**UNITED FOOD & COMMERCIAL WORKERS LOCAL 230 6310**

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
07-21-03	ID# CK# 291	UFCW ACTIVE BALLOT CLUB 1775 K. STREET N.W. WASHINGTON, DC 20006-1578	DONATION	\$ 2,000.00
07-23-03	ID# CK#	WELLS FARGO 666 WALNUT STREET DES MOINES, IA 50309	BANK CHARGE	3.18
08-13-03	ID# CK# 292	IOWA FEDERATION OF LABOR 2000 WALKER ST., SUITE A DES MOINES, IA 50317	DONATION	40.00
08-25-03	ID# CK#	WELLS FARGO 666 WALNUT STREET DES MOINES, IA 50309	BANK CHARGE	3.18
08-29-03	ID# CK# 293	UFCW ACTIVE BALLOT CLUB 1775 K. STREET N.W. WASHINGTON, DC 20006-1578	DONATION	1,000.00
09-24-03	ID# CK#	WELLS FARGO 666 WALNUT STREET DES MOINES, IA 50309	BANK CHARGE	3.18
09-29-03	ID# CK# 294	BRIAN ULIN 102 N. RANSOM ST OTTUMWA, IA 52501	DONATION	500.00
10-08-03	ID# CK# 295	VAN GATES 501 WILDWOOD DRIVE OTTUMWA, IA 52501	DONATION	1,000.00
SUB-TOTAL				\$ 4,549.54
TOTAL (if last page of this schedule)				\$

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)  
**UNITED FOOD & COMMERCIAL WORKERS LOCAL 730 6310**

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
10-06-03	ID# CK# 296	KURT SWAIM	DONATION	\$ 500.00
10-06-03	ID# CK# 298	JOHN WHITAKER 32500 1045 <sup>TH</sup> STREET HILLSBRO, IA 52630	DONATION	500.00
	ID# CK#			
SUB-TOTAL				\$ 1,000.00
TOTAL (if last page of this schedule)				\$ 5,549.54

**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).)