FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

| FORM DR-2 (Rev. 01/2001) | DISCLOSURE REPORT |
|---|---|

For Office Use Only
Comm. # 1390
Indexed
Audited
Computer

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*
Hanson for State House

**IMPORTANT: Indicate type of committee you are reporting for:** 1

( 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: Dell Hanson
Political Party: Republican
Office Sought: House of Representative
District (if Senate or House): 39

Dell Hanson
**SIGNATURE OF TREASURER (or person filing this report)**

319-472-2209
**TELEPHONE**

pm 1-16
**DATE SIGNED**

**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 1-20-04 REPORT FOR AN/A **(1) ELECTION /(2)NON-ELECTION** YEAR.
(report date) Indicate one 1

☐ 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.) ..... $ 91.34

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) ..... 1000.00

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**.....$ 1091.34

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... (67.81)

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) ..... $ 1159.15

****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) ..... $ 1000.00

**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

| SCHEDULE A (Rev. 06/97) | MONETARY RECEIPTS |
|---|---|
| ☐ 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)*

Hanson for State House

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 |
|---|---|---|---|---|---|
| 1-9-03 | ID# 6125<br>CK# 2104 | Iowa Association of Realtors<br>1370 NW 114th Street #100<br>Clive, Iowa 50325 | | $ 500.00 | |
| 1-9-04 | ID# 9663<br>CK# 544 | Citizens for Preservation of Racing<br>P.O. Box 163<br>Altoona, Iowa 50009 | | 500.00 | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | | | SUB-TOTAL | $ 1000.00 | |
| | | | **TOTAL** *(if last page of this schedule)* | $ 1000.00 | |

* 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*

| SCHEDULE **B** (Rev. 08/97) | MONETARY EXPENDITURES |
|---|---|
| ☐ 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)*
Hanson for State House

| 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 |
|---|---|---|---|---|
| 1-31-03 | ID# 1390<br>CK# | Victory Interprises<br>5200 SW 30 Street<br>Davenport, Ia 52802 | Refund from Radio Ads | $(67.81) |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | | | SUB-TOTAL | $(67.81) |
| | | | TOTAL (*If last page of this schedule*) | $(67.81) |

**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)(l).)

*FOR INSTRUCTIONS, SEE BACK OF FORM*

| SCHEDULE F (Rev. 08/96) | LOANS RECEIVED & REPAID |
|---|---|

☐ CHECK THIS BOX IF AMENDING FORM

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

Hanson for State House

**NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.

**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $** 1000.00

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**
*(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)*

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable*) | AMOUNT OF LOAN |
|---|---|---|---|
| 2-25-02 | Dell Hanson<br>2384 55th St. Dr.<br>Vinton, Iowa 52349<br>(Same loan as on last report) | Same | $ 1000.00 |
| | | | |
| | | | |
| | | | |

TOTAL *(PART I)* $ 1000.00

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**
*(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)*

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAID |
|---|---|---|---|
| | | | $ |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS *(PART II)* $ _____

From Schedule E -- TOTAL LOANS FORGIVEN $ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 1000.00

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