

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>U400</u>
Indexed	<u>SU</u>
Audited	
Computer	<u>SU</u>

COMMITTEE NAME (Must be same as on Statement of Organization) Our Hospital & Association PAC #6400

IMPORTANT: indicate type of committee you are reporting for:

(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 _____ District (if Senate or House) _____

JAN 13 2004
 pm 1-12-04

Dai DeLue
 SIGNATURE OF TREASURER (or person filing this report)

515.276.1454
 TELEPHONE

1/13/04
 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 _____ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

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.)

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.)\$ 3337.68

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1050.00

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.....\$ 4387.68

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 831.36

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)\$ 3556.32

**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 A (Rev. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Iowa Hospitals Association PAC #0400

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
11/10/03	ID# CK# 3871	Alex Banasik 8103 Alpine Drive Urbandale, IA 50322	FEED	\$ 100
11/10/03	ID# CK# 4833	Cindy Bramblett 1610 Cottage Row Rd Cedar Falls, IA 50613		\$ 100
11/10/03	ID# CK# 9577	John or Lisa Huntington 2805 Winchester Dr. Mason, IA 52302		\$ 100
11/10/03	ID# CK# 2799	John Huff 311 53rd Ave. Amana, IA 52203		\$ 100
11/10/03	ID# CK# CASH	Dennis Henderson 530 Sherryllyn Blvd. Pleasant Hill IA 50327-2130		100
11/10/03	ID# CK# CASH	Brian Godwin 10222 Ashford Dr. Cedar Rapids, IA 52402		\$ 50
11/10/03	ID# CK# CASH	John Ross 4587 University Ave. W. Des Moines, IA 50325		\$ 100
11/10/03	ID# CK# CASH	Windy Kelnes 100 N. Main St. Donatus, IA 52071		\$ 100
11/10/03	ID# CK# CASH	Tom King 1229 9th Ave SE Dyersville, IA 52040		\$ 100
11/10/03	ID# CK# CASH	Darin Beck 227 Kaspard Pl. Cedar Falls, IA 50613		\$ 100
SUB-TOTAL				\$ 950
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.

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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Iowa Hospital Association PAC #6400

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
11/10/03	ID# 1004 CK# 250	Jenkins for House Campaign PO Box 932 Waterloo, IA 50704	Campaign contribution	\$ 150 ⁻
11/10/03	ID# 1365 CK# 276	Dennis for Iowa State House 1034 W. 15th St. Cedar Falls, IA 50613	"	100
	ID# 1115 CK# 277	Johnson for State Senate PO Box 279 Ocheyedan, IA 51354	"	\$ 100
12/28/03	ID# 868 CK# 278	John Jacobs 808 58th St. WDM IA 50266	"	\$ 125
12/23/03	ID# 964 CK# 279	Jeff Angelo PO Box 7255 Des Moines IA 50309	"	\$ 150
12/23/03	ID# 586 CK# 280	Chuck Gipp Joel & Shayla from 4105 Quail Park Rd. WDM, IA 50265	"	\$ 100
12/23/03	ID# 662 CK# 281	Christopher Remick → "same"	"	\$ 100
	ID# CK#			
SUB-TOTAL				\$ 825.00
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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

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
11/11/03	ID# CK#	November Bank Fees		\$ 3.18
12/11/03	ID# CK#	December Bank Fees		3.18
	ID# CK#			

SUB-TOTAL \$ 6.36
TOTAL (if last page of this schedule) \$ 831.36

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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).)