

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1559</u>
Logged In	<u>SW</u> <u>JK</u>
Scanned	_____
Computer	_____
Audited	_____

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

Joe Grandanette for State Rep.

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Joe Grandanette Political Party (if applicable): Republican
 Office Sought: Iowa State House District (if Senate or House): HD 61

Late reports are subject to possible civil and criminal penalties.

Joe Grandanette
SIGNATURE OF PERSON FILING REPORT

710-0798
TELEPHONE

7/19/04
DATE SIGNED

IA M FILING A July 19th REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) JUL 19 2004 Indicate by # 1

- CHECK IF AMENDMENT TO REPORT DATED 4D
- Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 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. (Total of all funds 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.)	\$ <u>3,320.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>950.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>4,270.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>3,403.94</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>866.06</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>2,869.96</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>156.25</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0</u>
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>0</u>

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
JOE GRANDANETTE FOR STATE REP.

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/YY)	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
5-18-04	ID# CK#	BARB + WALDO HILTBRUNNER 3420 - KINGMAN BLVD. Des Moines, IA 50311	FRIEND	\$ 20.00	<input type="checkbox"/>
5-20-04	ID# CK#	MARTHA JORGENSEN 4005 - KINGMAN Des Moines, IA 50312	FRIEND	5.00	<input type="checkbox"/>
5-23-04	ID# CK#	DEAN + MARCI NIMS 680 - 59th Des Moines, IA 50312	FRIEND	50.00	<input type="checkbox"/>
5-26-04	ID# CK#	CAROL GRANDANETTE 6750 - WESTONN PKY West Des Moines IA 50266	SISTER	10.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	BETH HEISTERKAMP 633 - 10th St West Des Moines, IA 50265	SISTER	20.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	MARY Hill 516 - 12th West Des Moines, IA 50265	FRIEND	10.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	VAL NEAR 1921 - 47th St Des Moines, Iowa 50310	FRIEND	20.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	JACK + MARY POTTER 3311 - 101A Ave Des Moines Iowa 50312	FRIEND	20.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	CINAY POTTER 723 - 37th Des Moines, IA 50312	FRIEND	20.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	KEN HAYNIE #600 100 - COURT AVE Des Moines, IA 50309	FRIEND	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 225.00	
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). 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

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

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Joe GRANDANETTE FOR STATE REP.

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5-26-04	ID# CK#	MARK + MARY FRENCH 1112 BOYD DES MOINES, IA 50316	FRIEND	\$ 20.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	JIM LANGDON 14320 - OAKBROOK DRIVE URBANDALE, IA. 50223	FRIEND	20.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	ETTA VEACH + BERNARD GRANDANETTE 6750 - SCHOOL Des Moines, IA 50311	AUNT UNCLE	50.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	KEVIN McLAUGHLIN 4244 - FOSTER DRIVE DES MOINES, IA 50312	FRIEND	10.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	BENNY DeSio 721 - SE PARK AVE DES MOINES, IA 50315	FRIEND	10.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	RANDY + JULIE COOK 2402 - SW 15th DES MOINES, IA 50315	FRIEND	20.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	ROBERT GIBSON 2526 - GLENNOR Rd. DES MOINES, IA 50310	FRIEND	10.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	ROBT. + TRUDY WOLINE 1512 NW 102ND CLIVE, IA 50325	FRIEND	10.00	<input checked="" type="checkbox"/>
5-26-04	ID# CK#	GREG MELTON 735 - 55th DES MOINES, IA 50312	FRIEND	20.00	<input checked="" type="checkbox"/>
5-27-04	ID# CK#	CORRINE GRAZIANO 1302 CUMMINS PKY DES MOINES, IA 50311	FRIEND	50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 220.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

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

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Joe GRANDANETTE FOR STATE REP.

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
5-27-04	ID# CK#	JEANNINE BRANDE 4712 - 95th URBANDALE, IA 50322	FRIEND	\$10.00	<input type="checkbox"/>
5-28-04	ID# CK#	WAYNE + JANET SCHNEIDER 960 - 93rd WEST DES MOINES, IA 50265	FRIEND	15.00	<input type="checkbox"/>
5-28-04	ID# CK#	CONNIE FOLLETT 2386 - NW 163 CLIVE, IA 50325	FRIEND	50.00	<input type="checkbox"/>
5-27-04	ID# CK#	JOHN BURNQUIST 2823 - CHEYENNE Circle DES MOINES, IA 50321	FRIEND	10.00	<input type="checkbox"/>
6-5-04	ID# CK#	TOM GOLDMAN 3417 - SOUTHERN HILLS DR. DES MOINES, IA 50321	FRIEND	100.00	<input type="checkbox"/>
6-5-04	ID# CK#	MARIA + MIKE NESBITT P.O. Box 12039 DES MOINES, IA 50312	FRIEND	100.00	<input type="checkbox"/>
6-5-04	ID# CK#	JAMES EDWARDS, 3028 - SW 39th DES MOINES, IA 50321	FRIEND	100.00	<input type="checkbox"/>
6-6-04	ID# CK#	JOHN CHAMBERS 2425 - PROSPECT DES MOINES, IA 50310	FRIEND	20.00	<input type="checkbox"/>
6-26-04	ID# CK#	SHELDON + ROSELIND RABINOWITZ 1 - SW 1st DES MOINES, IA 50312	FRIEND	100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 505.00

TOTAL (if last page of this schedule)

~~505.00~~ 950.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	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)
Joe Grandanette for State Rep.

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
6/7/04	ID# CK# 1001	Mail Services P.O. Box 5152 Des Moines, IA 50306	Mailer	\$ 837.87
6/7/04	ID# CK# 1002	Mail Services P.O. Box 5152 Des Moines, IA 50306	Mailer	816.47
6/8/04	ID# CK# 1003	Mail Services P.O. Box 5152 Des Moines, IA 50306	Mailer	1749.60
	ID# CK#			

SUB-TOTAL \$ **3,403.94**
TOTAL (if last page of this schedule) \$ **3,403.94**

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 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)
Joe Brandanette for State Rep.

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
6/7/04	Joe Brandanette 637-46 DM, IA 50312	Printing of mailer	\$ 413.40
6/7/04	Joe Brandanette 637-46 DM, IA 50312	Printing of mailer	519.40
6/8/04	Joe Brandanette 637-46 DM, IA 50312	Printing of mailer	1543.36
6/8/04	Joe Brandanette 637-46 DM, IA 50312	Auto-calls	341.49
6/21/04	Joe Brandanette 637-46 DM, IA 50312	Banner for Parades	52.31
SUB-TOTAL			\$ 2869.96
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2869.96

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

