

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1559
Logged In	<i>[initials]</i>
Scanned	
Computer	

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

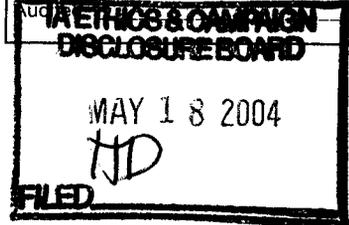
JOE GRANDANETTE FOR STATE REP.

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

CANDIDATE COMMITTEES ONLY:

Candidate Name	<u>Joe GRANDANETTE</u>	Political Party	<u>REPUBLICAN</u>
Office Sought	<u>STATE REPRESENTATIVE</u>	District (if Senate or House)	<u>61</u>



Joe Grandanette
SIGNATURE OF TREASURER (or person filing this report)

710-0798
TELEPHONE

MAY 18, 2004
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 MAY 19 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

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	<u>JUNE 8, 2004</u>
County & Local Committees, enter County in which Election is held	<u>POLK</u>

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.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ 3,320.00

Schedule F: Loans Received total (Attach Schedule F) \$ 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) \$ 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... \$ 0

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) \$ 3,320.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ 1,907.64

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 2,710.00

**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

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> 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)

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
3-20-04	ID# CK#	JOHN LEACHMAN DM 210-GLENVIEW DRIVE DM	FRIEND	\$ 50.00	<input type="checkbox"/>
3-28-04	ID# CK#	CATHY MURPHY 2020-NW148th CLIVE	FRIEND	25.00	<input type="checkbox"/>
3-18-04	ID# CK#	GEORGE FLAGG 3101-ONANDAGA ST. DM	FRIEND	20.00	<input type="checkbox"/>
4-1-04	ID# CK#	DENNY ELWELL P.O. BOX 187, ANKENY	FRIEND	1,000.00	<input type="checkbox"/>
4-3-04	ID# CK#	MARY ROTH 666-50th DM	FRIEND	50.00	<input type="checkbox"/>
4-17-04	ID# CK#	STEVE IRWIN 709-61st DM	FRIEND	25.00	<input type="checkbox"/>
4-4-04	ID# CK#	EDITH CLAIRBORNE 7 FOSTER DRIVE DM	FRIEND	100.00	<input type="checkbox"/>
4-19-04	ID# CK#	WW. WERNER #303 4004-GRAND AVE DM	FRIEND	50.00	<input type="checkbox"/>
4-19-04	ID# CK#	ROBERT GRASK 209-SW 42ND DM	FRIEND	\$ 100.00	<input checked="" type="checkbox"/>
4/26/04	ID# CK#	JOE + MARY DeSIO 2513-BEAVEN DM	FRIEND	25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,445.00	
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

Reset 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.

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
8-27-04	ID# CK#	FIDELIA ROMERO G-1 3663-GRAND DM	FRIEND	\$ 50.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	DEAN + M.D. DUTTON DM 3667-GRAND AVE #9	FRIEND	50.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	JOHN + BARB CORTESIO DM 5828-WATERBURY Circle	FRIEND	35.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	SCOTT LINN 426-44TH DM	FRIEND	50.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	KATHLEEN KAPLAN 671-57th DM	FRIEND	50.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	JOE + DIANE PROCTOR 108-30th DM	FRIEND	100.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	ANN FLOOD DM 4321-GREENWOOD DRIVE	FRIEND	100.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	JULIE + MARSHALL LINN DM 3736-JOHN LYNDE ROAD	FRIEND	100.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	JOHN GREENFIELD 4223 GRAND #218 DM	FRIEND	100.00	<input checked="" type="checkbox"/>
8-27-04	ID# CK#	PATRICIA Mc LAUGHLIN #102 3136 FLEUR DR. DM	FRIEND	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 685.00	
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

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> 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)
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
<i>4-27-04</i>	ID# CK#	<i>WINIFREO Kelley 3663 - GRAND AVE DM</i>	<i>FRIEND</i>	<i>\$ 50.00</i>	<input checked="" type="checkbox"/>
<i>4-27-04</i>	ID# CK#	<i>BRUCE + SUSAN KELLY DM 14 GLENVIEW DRIVE</i>	<i>FRIEND</i>	<i>\$ 50.00</i>	<input checked="" type="checkbox"/>
<i>4-27-04</i>	ID# CK#	<i>MELISSA WARNER DM 3530 - ARAPAHOE DR</i>	<i>FRIEND</i>	<i>100.00</i>	<input checked="" type="checkbox"/>
<i>4-27-04</i>	ID# CK#	<i>ROBT. + MARTHA CONEY DM 670 - FOSTER DRIVE DM</i>	<i>FRIEND</i>	<i>\$100.00</i>	<input checked="" type="checkbox"/>
<i>4-27-04</i>	ID# CK#	<i>HARRIET MACOMBER DM 630 - 41st DM</i>	<i>FRIEND</i>	<i>\$ 50.00</i>	<input checked="" type="checkbox"/>
<i>4-27-04</i>	ID# CK#	<i>ARTHUR DICKSON DM 5015 - COUNTRY CLUB BLVD</i>	<i>FRIEND</i>	<i>200.00</i>	<input checked="" type="checkbox"/>
<i>4-27-04</i>	ID# CK#	<i>KEN + SHELLEY BRENTON 331 - 31st DM</i>	<i>FRIEND</i>	<i>\$100.00</i>	<input checked="" type="checkbox"/>
<i>5-11-04</i>	ID# CK#	<i>ROB SORENSON #30 4228 - VILLAGE LAKE WOM</i>	<i>FRIEND</i>	<i>\$ 25.00</i>	<input type="checkbox"/>
<i>5-12-04</i>	ID# CK#	<i>STEVE + BARB GRACK DM P.O. Box 7182 GRAND STATION</i>	<i>FRIEND</i>	<i>200.00</i>	<input type="checkbox"/>
<i>5-15-04</i>	ID# CK#	<i>ROSE DeSID 1013 Belle Mar Dr. WOM</i>	<i>FRIEND</i>	<i>\$ 50.00</i>	<input type="checkbox"/>
SUB-TOTAL				<i>\$ 925.00</i>	
TOTAL (if last page of this schedule)				\$	

* Disclosure 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

Reset 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.

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
5-15-04	ID# CK#	LYN URDEGRAFF 1056 - 46 th DR	FRIEND	\$ 50.00	<input type="checkbox"/>
5-15-04	ID# CK#	FRANK + BARB RANDOLPH 216 - 5W39 th DR	FRIEND	\$ 50.00	<input type="checkbox"/>
5-16-04	ID# CK#	DALE BURROWS 686 - 62 ND DR	FRIEND	\$ 50.00	<input type="checkbox"/>
5-14-04	ID# CK#	MARTHA JOERGENSON 4005 - KINGMAN DR	FRIEND	\$ 5.00	<input type="checkbox"/>
4-26-04	ID# CK#	STEVE + BARB GRASK DR P.O. BOX 7182 GRAND STATION	FRIEND	100.00	<input type="checkbox"/>
3-23-04	ID# CK#	JOE GRANDANETTE SRM 637-46 th H.	SELF	\$ 40.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$B 265.00 \$ 275.00
TOTAL (if last page of this schedule)
\$12 3320.00 \$ 3,280.00

* 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). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE
E
(Rev. 06/97) IN KIND
CONTRIBUTIONS

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

JOL GRANDAUCHE FOR STATE REP.

CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
2-1-04	MARY FRENCH 1112-Boyd DM	FRIEND	WEB PAGE	\$ 100.00	
5-16-04	HILDEBLAND + ROSS 3921 - N. Highway 73 HIAWATHA, KANSAS	BROTHER + SISTER IN LAW	COPIES FOR GRAPHIC ART	\$ 2,500.00	
1					
4-22-04	REPUBLICAN PARTY of IOWA, 621 - E 9th DM		FRIENDS + FAMILY letts	110.00	

SUB-TOTAL \$ 2,710.00

TOTAL (if last page of this schedule) \$ 2,710.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.

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

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

JOE GRANDANETTE 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.

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*
3-18-04	JOE GRANDANETTE 637-46 DM IA 50312	STENCIL SIGN	\$ 53.00
4-3-04	JOE GRANDANETTE 637-46 DM IA 50312	SIGNS	425.00
3-4-04	JOE GRANDANETTE 637-46 DM, IA 50312	POST OFFICE BOX	39.00
5-12-04	JOE GRANDANETTE 637-46 DM, IA 50312	SIGNS	552.62
4-17-04	JOE GRANDANETTE 637-46 DM, IA 50312	STAMPS	74.00
4-15-04	JOE GRANDANETTE 637-46 DM, IA 50312	STAMPS	37.00
5-14-04	JOE GRANDANETTE 637-46 DM, IA 50312	FLIER	625.40
SUB-TOTAL			\$ 1,806.02
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*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.

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

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

**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*
3-23-04	JOE GRANANETTE 637-46 st DM	BANKING SERVICES	\$ 18.00
4-10-04	JOE GRANANETTE 637-46 st DM	Spray paint	8.97
5-4-04	JOE GRANANETTE 637-46 st DM	ink cartridge	56.15
4-10-04	JOE GRANANETTE 637-46 st DM	paper	\$ 12.50

SUB-TOTAL \$ **95.62**

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$ **1901.64**

*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.