

FOR INSTRUCTIONS, SEE BACK OF FORM

### DISCLOSURE SUMMARY PAGE

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
**IOWA SOCIETY OF ANESTHESIOLOGISTS PAC** PAC # **6484**

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 State of Candidates

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party \_\_\_\_\_  
 Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <b>6484</b>	
Logged In <b>SW - tracked</b>	
Scanned _____	
Computer _____	
Audited _____	

MAY 10 2004

*fax*

*George Lederhans* 515-241-5722 5/10/04  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 5/19/04 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 _____
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.) ..... \$ 7,555<sup>27</sup>

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 4,775<sup>00</sup>

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** ..... \$ 12,330<sup>27</sup>

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 250<sup>00</sup>

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) ..... \$ 12,080<sup>27</sup>

\*\*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 <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)  
**IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC #6484**

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
1/9/04	ID# CK#	STEVEN LILLENABG, MD 200 HAWKINS DR. IOWA CITY, IA 52242		\$ 100	
"	ID# CK#	TANYA OYOS, MD 200 HAWKINS DR. IOWA CITY, IA 52242		100	
"	ID# CK#	JANET ACCAREGUI, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	RICHARD AERTS, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250	
"	ID# CK#	CHRISTINE BOTKIN, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	MICHAEL ALMASI, MD 1550 BOYSON RD. HIAWATHA, IA 52233		500	
"	ID# CK#	CARIE DYKSTRA, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	JEFFREY CLARK, MD 1550 BOYSON RD HIAWATHA, IA 52233		100	
"	ID# CK#	DAVID NAUPT, MD 1550 BOYSON RD. HIAWATHA, IA 52233		125	
"	ID# CK#	TORK NARMAN, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250	
SUB-TOTAL				\$ 1,725	
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.

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

**IOWA SOCIETY OF ANESTHESIOLOGISTS PAC** PAC 6484

**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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1/9/04	ID# CK#	STEPHEN MAZE, MD 1550 BOYSON RD. HIAWATHA, IA 52233		\$ 100	
"	ID# CK#	NANCY LORENZINI, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	SCOTT MURTHA 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	MARK STEINE, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250	
"	ID# CK#	GAIL VANDEWALKER, MD 1550 BOYSON RD. HIAWATHA, IA 52233		150	
"	ID# CK#	CHRISTOPHER WALSH, MD 1550 BOYSON RD HIAWATHA, IA 52233		100	
1/20/04	ID# CK#	GEORGE LEDERHAAS, MD 1215 PLEASANT ST DES MOINES, IA 50309		100	
"	ID# CK#	DIRK BROW, MD 4215 PLEASANT ST DES MOINES, IA 50309		100	
2/2/04	ID# CK#	TIM BRENNAN, MD UIHC, DEPT OF ANESTHESIA IOWA CITY, IA 52242		100	
2/13/04	ID# CK#	JEFFREY ANDERSON, MD 1215 PLEASANT ST DES MOINES, IA 50309		250	
SUB-TOTAL				\$ 1,350	
TOTAL (if last page of this schedule)				\$	

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(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC #6484

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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
3/15/04	ID# CK#	DAVID BURKAMPER, MD 1550 BOYSON RD. NIAWATWQ, IA 52233		\$ 150	
"	ID# CK#	THOMAS MUKKADA, MD 312 E. ALTA VISTA OTTUMWA, IA 52501		100	
"	ID# CK#	JOHN MOVERS, MD UINC IOWA CITY, IA 52242		100	
"	ID# CK#	JON FARTH, MD 2847 N. BRADY ST. DAVENPORT, IA 52809		250	
3/26/04	ID# CK#	K PATRICIA CHONG, MD PO BOX 2688 IOWA CITY, IA 52244		200	
"	ID# CK#	JUDITH DILLMAN, MD 504 E. JEFFERSON IOWA CITY, IA 52245		50	
"	ID# CK#	HOWARD KATELMAN, MD 1215 PLEASANT ST. DES MOINES, IA 50309		200	
"	ID# CK#	JAMES BECKER, MD 1215 PLEASANT ST. DES MOINES, IA 50309		250	
"	ID# CK#	JOHN JABOUR, MD 1215 PLEASANT ST. DES MOINES, IA 50309		250	
4/5/04	ID# CK#	MERIAL MENEZES, MD 500 E. MARKET ST. IOWA CITY, IA 52245		100	
SUB-TOTAL				\$ 1,650	
TOTAL (if last page of this schedule)				\$	

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