

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1559
Logged In	SW e
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  
 ( 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) 61

Late reports are subject to possible civil and criminal penalties.

Joe Grandanette 710-0798 10/19/04  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 19th REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 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 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.) .....\$ 866.06

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 10,270.00

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.....\$** 11,136.06

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)... 7,424.06

Schedule F: Loan Repayments total (Attach Schedule F) ..... 0

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....\$ 3,712.00

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) .....\$ 717.97

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....\$ 1,437.50

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$ 0

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?) NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ 0

For Instructions, See Back of Form

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

SCHEDULE <b>A</b> (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
7-16-04	ID# CK#	PHILIP DORWEILER 100 COURT AVE DES MOINES, IA 50309	FRIEND	\$ 30.00	<input type="checkbox"/>
7-16-04	ID# CK#	HARRIET MACOMBER 630-41st DES MOINES, IA 50312	FRIEND	100.00	<input checked="" type="checkbox"/>
7-16-04	ID# CK#	WINIFRED KELLEY 3663 - GRAND AVE DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
7-16-04	ID# CK#	VIRGINIA GILLILAND 5807 HARWOOD DRIVE DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
7-16-04	ID# CK#	TIM + MARY WOLF 525 - COUNTRY CLUB BLVD DES MOINES, IOWA 50312	FRIEND	250.00	<input checked="" type="checkbox"/>
7-20-04	ID# CK#	MARTHA + ROBERT CONLEY 670 FOSTER DRIVE DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
7-21-04	ID# CK#	KENNETH R. BRENTON 558 - 28th ST DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
7-23-04	ID# CK#	TED F. SPORER 1475 NW 92nd CLIVE, IA 50325	FRIEND	50.00	<input type="checkbox"/>
7-26-04	ID# CK#	ANDREW CHRISTENSON 5300 NW 55th AVE JOHASTON, IA 50131	FRIEND	100.00	<input type="checkbox"/>
7-31-04	ID# 6116 CK# 1238	POLITICAL ACTION IOWA DEALERS P.O. BOX 65840 WEST DES MOINES, IOWA 50265		100.00	<input type="checkbox"/>

SUB-TOTAL  
**1,430.00**  
TOTAL (if last page of this schedule)  
\$

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

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COMMITTEE NAME (Must be same as on Statement of Organization)  
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7-20-04	ID# CK#	ANN FLOOD 4321 GREENWOOD DRIVE DES MOINES, IA 50312	FRIEND	\$200.00	<input checked="" type="checkbox"/>
7-20-04	ID# CK#	JOHN R. FITZGIBBON 3131 FLEUR DRIVE DES MOINES, IA 50321	FRIEND	50.00	<input checked="" type="checkbox"/>
7-21-04	ID# CK#	DR. ROBERT E. GRASK 209 SW 42 <sup>nd</sup> ST. DES MOINES, IA 50312	FRIEND	100.00	<input checked="" type="checkbox"/>
7-21-04	ID# CK#	MRS. JEROME WOLF 2961 SIOUX RUN CT DES MOINES, IA 50321	FRIEND	25.00	<input checked="" type="checkbox"/>
7-21-04	ID# CK#	WINIFRED M. KELLEY 3663 GRAND AVE #706 DES MOINES, IA 50312	FRIEND	10.00	<input checked="" type="checkbox"/>
7-22-04	ID# CK#	KEVIN J. GRIMM 721 - 54 <sup>th</sup> ST DES MOINES, IA 50312	FRIEND	150.00	<input checked="" type="checkbox"/>
7-22-04	ID# CK#	W.W. WARNER 4004 GRAND AVE #303 DES MOINES, IA 50312	FRIEND	50.00	<input checked="" type="checkbox"/>
7-22-04	ID# CK#	LUCY HUEBNER 3131 FLEUR DR. #608 DES MOINES, IA 50321	FRIEND	50.00	<input checked="" type="checkbox"/>
7-22-04	ID# CK#	SHOAB SAYEED LISA MENZIES 4114 GREENWOOD DR. DES MOINES, IA 50312	FRIEND	125.00	<input checked="" type="checkbox"/>
7-23-04	ID# CK#	LENORE P. WAYNE DENNIS 4004 GRAND AVE #201 DES MOINES, IA 50312	FRIEND	50.00	<input checked="" type="checkbox"/>

SUB-TOTAL  
\$ 810.00  
TOTAL (if last page of this schedule)  
\$

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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7-23-04	ID# CK#	E. STEPHEN GRASH P.O. Box 7182 GRAND STATION DES MOINES, IA 50309	FRIEND	\$250.00	<input checked="" type="checkbox"/>
7-23-04	ID# CK#	JONATHAN M. FLETCHER 3524 GRAND AVE. 402 DES MOINES, IA 50312	FRIEND	50.00	<input checked="" type="checkbox"/>
7-23-04	ID# CK#	MARGARET A. WEISSEN BURGERS 3131 PLEUR DR. #1009 DES MOINES IA 50321	FRIEND	25.00	<input checked="" type="checkbox"/>
7-22-04	ID# CK#	JULIET M. BLISS 3663 GRAND AVE # 904 DES MOINES IA 50312	FRIEND	25.00	<input checked="" type="checkbox"/>
7-23-04	ID# CK#	JAMES & PATRICIA MULVIHILL 300 WALNUT DES MOINES IA 50309	FRIEND	25.00	<input checked="" type="checkbox"/>
7-25-04	ID# CK#	J. L. STRASSER 3524 GRAND AVE # 602 DES MOINES, IA 50312	FRIEND	50.00	<input checked="" type="checkbox"/>
7-23-04	ID# CK#	JACK R. SCHREIBER 401 - 38 <sup>th</sup> PLACE DES MOINES, IA 50312	FRIEND	10.00	<input checked="" type="checkbox"/>
7-24-04	ID# CK#	CHARLOTTE STICKLER 2962 SIOUX RUN DES MOINES, IA 50321	FRIEND	25.00	<input checked="" type="checkbox"/>
7-25-04	ID# CK#	William & Pauline NIEBUR 38 FOSTER DR. DES MOINES, IA 50312	FRIEND	100.00	<input checked="" type="checkbox"/>
7-25-04	ID# CK#	HELEN COONEY NEUMANN 3500 ST. JOHN'S RD. DES MOINES, IA. 50312	FRIEND	25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 585.00

TOTAL (if last page of this schedule)

\$

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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7-26-04	ID# CK#	EMOGENE S. Wilson 3809 MUSKOGEE AVE DES MOINES, IA 50312	FRIEND	\$ 25.00	<input checked="" type="checkbox"/>
7-26-04	ID# CK#	SCOTT N. LINN 426 - 44 <sup>th</sup> ST DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
7-26-04	ID# CK#	Joseph + Diane Schupp 2880 GRAND AVE #511 DES MOINES, IA 50312	FRIEND	50.00	<input checked="" type="checkbox"/>
7-26-04	ID# CK#	John - BARBARA GRAHAM 3663 GRAND AVE DES MOINES, IA 50312	FRIEND	50.00	<input checked="" type="checkbox"/>
7-27-04	ID# CK#	NEIL J MCGARVEY MD 3663 GRAND AVE #804 DES MOINES IA 50312	FRIEND	25.00	<input checked="" type="checkbox"/>
7-28-04	ID# CK#	MARY E KELLY 3815 RIVER OAKS DR DES MOINES, IA 50312	FRIEND	25.00	<input checked="" type="checkbox"/>
7-29-04	ID# CK#	GRETCHEN REILLY 3667 - GRAND AVE. #10 DES MOINES, IA 50312	FRIEND	25.00	<input checked="" type="checkbox"/>
7-30-04	ID# CK#	HELEN A. COONEY 4004 GRAND AVE DES MOINES, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
7-30-04	ID# CK#	Tom + Amy Donnelly 12 FOSTER DR. DES MOINES, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
8-1-04	ID# CK#	JAMES N. SOURBEER 3737 JOHN LYNDE RD. DES MOINES, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 550.00	
TOTAL (if last page of this schedule)				\$	

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Reset Form

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(including candidate's personal funds)

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7-26-04	ID# CK#	ANDREW CHRISTENSON 5300 NW 55 <sup>th</sup> AVE Johnston, IA 50131	FRIEND	\$ 100.00	<input checked="" type="checkbox"/>
8-9-04	ID# CK#	FIDELIA I ROMERO 3663 GRAND AVE G 1 DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
8-9-04	ID# CK#	SHARON DICKSON 5015 Country Club Blvd DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
8-9-04	ID# CK#	MARY ELLEN CONNOLLY 2714 ASHWORTH Rd West DES MOINES, IA 50265	FRIEND	25.00	<input checked="" type="checkbox"/>
8-9-04	ID# CK#	MARTIN OR KATHERINE WALSH 3920 GRAND AVE #600 DES MOINES, IA 50312	FRIEND	50.00	<input checked="" type="checkbox"/>
8-9-04	ID# CK#	DOUGLAS W. MASSOP MD 5303 Woodland Ave DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
8-9-04	ID# CK#	LOUIS & MARY K. ROTH 666 50 <sup>th</sup> St. DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
8-10-04	ID# CK#	JULIE & MARSHALL G. LINN 3736 John Lynde Rd DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
8-4-04	ID# CK#	JOHN C. GREENFIELD 4323 GRAND AVE #218 DES MOINES, IA 50312	FRIEND	50.00	<input checked="" type="checkbox"/>
8-11-04	ID# CK#	RAYMOND L. BENING 301 TONAWANDA DR. DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1425.00	
TOTAL (if last page of this schedule)				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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8-1-04	ID# CK#	JAMES J. KELSO M.D 2324 TERRACE RD DES MOINES, IA 50312	Friend	\$ 25.00	<input checked="" type="checkbox"/>
8-2-04	ID# CK#	MARY J. MAHER 4004 GRAND AVE DES MOINES, IA 50312	Friend	25.00	<input checked="" type="checkbox"/>
8-2-04	ID# CK#	DEAN DUTTON 3667 GRAND AVE # 9 DES MOINES, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
8-3-04	ID# CK#	MELISSA WARNER 3530 MAPLEHOE DRIVE DES MOINES, IA 50312	FRIEND	200.00	<input checked="" type="checkbox"/>
8-7-04	ID# CK#	FR J. POLICH 545-42nd DES MOINES, IA 50312	Friend	20.00	<input checked="" type="checkbox"/>
8-9-04	ID# CK#	BONNIE HAGERMAN PO Box 6240 Johnston, IA 50131	Friend	5.00	<input checked="" type="checkbox"/>
7-30-04	ID# CK#	Edith Clair Borne 7 Foster Drive Des Moines, IA. 50312	Friend	100.00	<input checked="" type="checkbox"/>
8-4-04	ID# CK#	Polly Moore 4004 GRAND AVE # 504 DES MOINES, IA. 50312	Friend	25.00	<input checked="" type="checkbox"/>
8-8-04	ID# CK#	CHARLES H. LAUDNER 500 RIVERVIEW DR. ROCKFORD, IA. 50468	Friend	250.00	<input type="checkbox"/>
8-9-04	ID# CK#	MR & MRS Robert W. Lidgett 50-39th St DES MOINES, IA. 50312	Friend	200.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 900.00

TOTAL (if last page of this schedule)

\$

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(Including candidate's personal funds)

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9-7-04	ID# CK#	John & Dawn John 7955 Wistful Vista Dr. Unit 32 West Des Moines, IA 50266	Friend	\$ 100.00	<input checked="" type="checkbox"/>
9-7-04	ID# CK#	CRAIG E. WINTERS 512 Tuttle St. Des Moines, IA 50309	Friend	100.00	<input checked="" type="checkbox"/>
9-8-04	ID# CK#	John R. ADRIANSE 5505 E McLellan Unit #2 Mesa, AZ. 85205-3402	Friend	25.00	<input checked="" type="checkbox"/>
9-8-04	ID# CK#	Thomas & Patricia Burdick 111 Foster Dr Des Moines, IA 50312	Friend	100.00	<input checked="" type="checkbox"/>
9-8-04	ID# CK#	Julie Young 9908 Brookview Dr. Urbandale, IA 50322	Friend	25.00	<input checked="" type="checkbox"/>
9-8-04	ID# CK#	Edith O'BRIEN 541-44 <sup>th</sup> Des Moines, IA 50312	Friend	25.00	<input checked="" type="checkbox"/>
9-9-04	ID# CK#	Rt. Barry - Virginia Barry 33200 Priest Creek Court PO Box 774526 Steamboat Springs Colorado	Friend	250.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	Julius Epstein 311 Glenview Dr. Des Moines, IA 50312	Friend	25.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	James L. Spellman 1300 Locust Des Moines, IA 50309	Friend	25.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	Robt. or Mary Kuhn 7944 Rocklyn Dr. Urbandale, IA 50322	Friend	50.00	<input checked="" type="checkbox"/>

SUB-TOTAL  
\$ 725.00  
TOTAL (if last page of this schedule)  
\$

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

SCHEDULE  
**A**  
(Rev. 07/03) MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

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

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9-10-04	ID# CK#	BENNIE DESIO 721 SE PARK AVE DES MOINES, IA	Friend	\$ 20.00	<input checked="" type="checkbox"/>
9-11-04	ID# CK#	JANET + J.D. SCHUESSLER 52898 HIGHWAY 210 SLATER, IA 50244-8522	Friend	50.00	<input checked="" type="checkbox"/>
9-13-04	ID# CK#	RONALD TESDELL JR. 1514 NE 69 <sup>th</sup> PL ANKENY, IA 50021-8883	Friend	50.00	<input checked="" type="checkbox"/>
9-13-04	ID# CK#	DENNY ELWELL PO. BOX 167 ANKENY, IA	Friend	500.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	CLARK + CHRISTINE BENIOW 2906 SW 30 <sup>th</sup> ST DES MOINES, IA 50321-1413	Friend	50.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	MICHAEL T. McDONALD 660 42 <sup>nd</sup> ST DES MOINES, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	ANTHONY + AMY DEANGELO 5313 WATERBURY CIR. DES MOINES, IA 50312	Friend	100.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	SCOTT N. LINN 426 - 44 <sup>th</sup> ST DES MOINES, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	JOHN KENWORTHY 303 - 45 <sup>th</sup> ST DES MOINES, IA 50312	Friend	100.00	<input checked="" type="checkbox"/>
9-16-04	ID# CK#	THOMAS GRIMES 12552 SW WAFFITT LAKE DR. CUMMING, IA 50061	Friend	500.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1470.00	
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



SCHEDULE <b>A</b> (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/YYR)	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
9-17-04	ID# CK#	ARTHUR Wittmack 4233 Woodlawn Dr. DES MOINES, IA 50312	Friend	\$ 100.00	<input checked="" type="checkbox"/>
9-18-04	ID# CK#	MARY ANN SPIER 6001 Creston Ave. # 8 DES MOINES, IA 50321-1222	Friend	50.00	<input checked="" type="checkbox"/>
9-8-04	ID# CK#	JOHN A. PASCUZZI 4200 SW 27th St. DES MOINES, IA 50321-2200	Friend	50.00	<input type="checkbox"/>
9-8-04	ID# CK#	STEVEN K. IRWIN 709 61st St. DES MOINES, IA	Friend	25.00	<input checked="" type="checkbox"/>
9-11-04	ID# CK#	SUSAN L. CASBER 3501 SHERIDAN AVE DES MOINES, IA 50310	Friend	25.00	<input checked="" type="checkbox"/>
9-12-04	ID# CK#	Julius F. HOERSTER 3106 Grand Ave # 413. DES MOINES, IA 50312	Friend	20.00	<input checked="" type="checkbox"/>
9-12-04	ID# CK#	ALAN J. DONAHOE 5105 Plumwood Dr W. DES MOINES, IA 50265	Friend	30.00	<input checked="" type="checkbox"/>
9-12-04	ID# CK#	HILARY E SCHMITZ 5231 WATERBURY RD. DES MOINES, IA 50312	Friend	25.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	CLARK A. Smith 4507 Grand Ave DES MOINES, IA 50312	Friend	100.00	<input checked="" type="checkbox"/>
9-14-04	ID# CK#	BRUCE Boland 3818 N.W. 92nd Place Polk City, IA	Friend	100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 525.00

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



SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

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

CHECK THIS BOX IF AMENDING FORM

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
9-15-04	ID# CK#	Betty Willis Koch 686 49 <sup>th</sup> St Des Moines, IA 50312	friend	\$ 25.00	<input checked="" type="checkbox"/>
9-17-04	ID# CK#	ANDREW D. HALL 508 - 58 <sup>th</sup> St Des Moines, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
9-17-04	ID# CK#	Cynthia L. Latcham 4100 John Lynde Rd Des Moines, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
9-18-04	ID# CK#	PAUL F. BOGNANNO 520 HARWOOD DRIVE Des Moines, IA	friend	50.00	<input checked="" type="checkbox"/>
9-20-04	ID# CK#	JAMES Luksetich 3000 Jordan Grv W Des Moines, IA 50265	Friend	50.00	<input checked="" type="checkbox"/>
9-21-04	ID# CK#	Joseph Proctor 108 - 30 <sup>th</sup> Street Des Moines, IA 50312	Friend	200.00	<input checked="" type="checkbox"/>
9-24-04	ID# CK#	Keith E. UHL Des Moines IA Mapleton, IA 50312	Friend	250.00	<input type="checkbox"/>
9-27-04	ID# CK#	BROOK ROSENBERG 3818 Muskogee Ave Des Moines, IA 50312	Friend	100.00	<input type="checkbox"/>
9-29-04	ID# CK#	BARBARA F Juloz 557 Chardonway Pt. Waukegan, IA 50263	Friend	100.00	<input type="checkbox"/>
10-1-04	ID# CK#	Doug W. BURNETT 1510 CENTER ST Des Moines, IA 50314	Friend	250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,125.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form



SCHEDULE <b>A</b> (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 GRANDANETTA 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/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
9-22-04	ID# CK#	Joseph Stursi 3514 SW 37 <sup>th</sup> ST DES MOINES, IA 50321	Friend	\$ 25.00	<input checked="" type="checkbox"/>
28 9-25-04	ID# CK#	FRANK RANDOLPH 216 SW 39 <sup>th</sup> ST DES MOINES, IA 50312	Friend	50.00	<input checked="" type="checkbox"/>
9-29-04	ID# CK#	Joanne Mahaffey 2220 E 32 <sup>nd</sup> ST DES MOINES, IA 50317	Friend	50.00	<input type="checkbox"/>
10-6-04	ID# CK#	Ling Wong 2500 SW Emma DES MOINES, IA 50321	Friend	50.00	<input type="checkbox"/>
10-12-04	ID# CK#	SIGURD E ANDERSON 4663- 121 <sup>st</sup> ST URBANDALE, IA 50323	Friend	100.00	<input type="checkbox"/>
10-12-04	ID# CK#	Polk Cty Republican Women's Club 4301 PARK AVE #30 DES MOINES, IA 50321	Friend	300.00	<input type="checkbox"/>
x 10-14-04	ID# CK#	HARLAN D HOCKENBERG 801 BRAD AVE # 3500 DES MOINES, IA 50309	Friend	25.00	<input checked="" type="checkbox"/>
10-14-04	ID# CK#	JOE LARSON 216 SHIRLEY LN. PALMDALE, CA. 93551	Friend	75.00	<input checked="" type="checkbox"/>
10-14-04	ID# CK#	DAVID A GROSSMAN 635- 46 <sup>th</sup> ST DES MOINES, IA 50312	Friend	25.00	<input checked="" type="checkbox"/>
10-10-04	ID# CK#	MARTHA RAEY BENDA 660-64 <sup>th</sup> ST DES MOINES, IA 50312	Friend	25.00	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 725.00

TOTAL (if last page of this schedule) \$ 10,270.00

\* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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 GRONAUETTE 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
7/18/04	ID# CK# 1005	Dad's 3925- Ingersoll Des Moines, IA 50312	Stamps	\$ 74.00
7/20/04	ID# CK# 1007	Christian Printers 1411- 21st Des Moines, IA 50311	printing	545.90
8/23/04	ID# CK# 1008	Polk County Auditor 120- 2ND AVE Des Moines, IA 50309	mailers disc.	46.00
8/30/04	ID# CK# 1010	Polk County Auditor 120- 2ND AVE Des Moines, IA 50309	mailers disc	80.00
9/6/04	ID# CK# 1009	Christian Printers 1411- 21st Des Moines, IA 50309	printing	682.64
9/23/04	ID# CK# 1011	US Postmaster 1165- 2ND AVE Des Moines, IA 50301	mailers postage	374.09
9/23/04	ID# CK# 1012	The Printers Inc. 1220- Thoman Beck Rd Des Moines, IA 50315	mailers/printing	765.00
10/07/04	ID# CK# 1013	Christian Printers 1411- 21st Des Moines, IA 50309	mailers/printing	1,412.34
SUB-TOTAL				\$ 3,979.97
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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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
<i>10/08/09</i>	ID# CK# <i>1014</i>	<i>Mail Service LC 4100 - 121 st URBANASKE, IA 50323</i>	<i>MAILER</i>	<i>\$ 3,444.29</i>
	ID# CK#			

SUB-TOTAL \$ *3,444.29*

TOTAL (if last page of this schedule) \$ *7,924.26*

**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).)

SCHEDULE <b>D</b> (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*
9/29/04	<i>Joe GRANDANETTE 637-46th Des Moines, Ia. 50312</i>	<i>mailers manus</i>	\$ <i>5.00</i>
9/30/04	<i>Joe GRANDANETTE 637-46th Des Moines, Ia. 50312</i>	<i>mailers manus</i>	<i>5.00</i>
9/30/04	<i>Joe GRANDANETTE 637-46th Des Moines, Ia. 50312</i>	<i>Stamps</i>	<i>74.00</i>
10/01/04	<i>Joe GRANDANETTE 637-46th Des Moines, Ia. 50312</i>	<i>mailers manus</i>	<i>5.00</i>
10/01/04	<i>Joe GRANDANETTE 637-46th Des Moines, Ia. 50312</i>	<i>copies</i>	<i>42.57</i>
10/05/04	<i>Joe GRANDANETTE 637-46th Des Moines, Ia. 50312</i>	<i>copies</i>	<i>8.48</i>
10/05/04	<i>Joe GRANDANETTE 637-46th Des Moines, Ia. 50312</i>	<i>Stamps</i>	<i>74.00</i>
SUB-TOTAL			\$ <i>214.05</i>
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 <b>D</b> (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*
7-10-04	Joe GRANDANETTE 637-46th Des Moines, IA 50312	printing	\$ 87.34
7-21-04	Joe Grandanette 637-46th Des Moines, IA 50312	stamps	37.00
9-18-04	Joe GRANDANETTE 637-46th Des Moines, IA 50312	printing	14.84
9-22-04	Joe GRANDANETTE 637-46th Des Moines, IA 50312	mailer names	18.00
9/25/04	Joe GRANDANETTE 637-46th Des Moines, IA 50312	mailer names	5.00
9/25/04	Joe GRANDANETTE 637-46th Des Moines, IA 50312	printing	34.45
9/28/04	Joe GRANDANETTE 637-46th Des Moines, IA 50312	mailer names	5.00
SUB-TOTAL			\$ 201.63
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 <b>D</b> (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*
10/05/04	JOE GRANDANETTE 637-46th Des Moines, IA 50312	mailer names	\$ 5.00
10/06/04	JOE GRANDANETTE 637-46th Des Moines, IA 50312	copies	34.45
10/06/04	JOE GRANDANETTE 637-46th Des Moines, IA 50312	mailer names	5.00
10/06/04	JOE GRANDANETTE 637-46th Des Moines, IA 50312	mailer names	5.00
10/08/04	JOE GRANDANETTE 637-46th Des Moines, IA 50312	copies	4.24
10/11/04	JOE GRANDANETTE 637-46th Des Moines, IA 50312	copies	14.84
10/14/04	JOE GRANDANETTE 637-46th Des Moines, IA 50312	Signs	233.76
SUB-TOTAL			\$ 302.29
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 717.97

\*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

RES-1001

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
<i>10/14/04</i>	<i>HILDEBRAND + ROSS 2921 - N. Highway 73 Hiawatha, Kansas 66434</i>	<i>BROTHER/ SISTER-IN-LAW</i>	<i>GRAPHICS ART</i>	<i>\$ 1,437.50</i>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ *1,437.50*

TOTAL (if last page of this schedule) \$ *1,437.50*

\*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.