

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1526
Logged In	[Signature]
Scanned	[Signature]
Computer	WRS
Audited	2-3-04

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Ward For Senate

**IMPORTANT:** Indicate type of committee you are reporting for:  1  
 ( 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 Pat Ward	NOV 8 2005	Political Party Republican
Office Sought Senate	n.a.	District (if Senate or House) S.D. 30

**ETHICS & CAMPAIGN DISCLOSURE BOARD**

JAN 30 2004  
Pat

**FILED 1-30-04**  
DATE SIGNED

Pat Ward  
**SIGNATURE OF TREASURER** (or person filing this report)

240-5825  
**TELEPHONE**

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:** SPECIAL

I AM FILING A 1-30-04 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one  1

CHECK IF AMENDMENT TO REPORT DATED 1-30-04

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.) ..... \$ 15,075

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 15,075 15,000

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** ..... \$ 15,075

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... -0- 517.05

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) ..... \$ 15,075 14,482.95

**\*UNPAID BILLS** (From Schedule D - Attach Schedule D)..... S -0-

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)..... S 8,000

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

**CANDIDATE COMMITTEES ONLY:**

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

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



FOR INSTRUCTIONS, SEE BACK OF FORM

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>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
1-28-04	ID# CK# 1001	Christian Printers 1411 - 21st Street Des Moines, Iowa 50311	Thank You Notes	\$ 146.81
1-28-04	ID# CK# 1002	John Ward	Fratello's PAC Fundraiser	515.50
<del>1-27-04</del>	<del>CK# 1001</del>	<del>CHRISTIAN PRINTERS</del>	<del>NOTE CARDS</del>	<del>\$146.81</del>
	ID# CK#	WEST BANK	BANK CHARGE FOR PRINTING CHECKS	\$15.50
	ID# CK#			
			517.05	SUB-TOTAL
			TOTAL (if last page of this schedule)	\$ 662.31
				\$

Did not clear or lost

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).)

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# DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1500
Logged In	[Signature]
Scanned	[Signature]
Computer	WRS
Audited	2-3-04

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

Ward For Senate

**IMPORTANT:** Indicate type of committee you are reporting for:  1

( 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	Political Party
Pat Ward	Republican
Office Sought	District (if Senate or House)
Senate	S.D. 30

**ETHICS & CAMPAIGN DISCLOSURE BOARD**

JAN 30 2004

fat

**FILED** 1-30-04

DATE SIGNED

Pat Ward 240-5825

**SIGNATURE OF TREASURER** (or person filing this report) **TELEPHONE**

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: SPECIAL

I AM FILING A 1-30-04 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one  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 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.) 513-0- \$ 15,075

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	15,075
Schedule F: Loans Received total (Attach Schedule F)	-0-
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	-0-
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> .....	\$ 15,075

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD** 513 662, 31

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	-0-
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) 513 14,412.69 \$ 15,075

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**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ -0-
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 8,000
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ -0-

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

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

**For Instructions, See Back of Form**



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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)  
 WARD FOR SENATE

**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
1/7/2004	ID# CK#	Brian & Linda Kading 5866 Crabapple Ln. Johnston, Ia. 50322	N/A	\$100.	<input type="checkbox"/>
1/8/2004	ID# CK#	Dawn Vance 8525 Douglas Ave. Ste. 48 Des Moines, Ia. 50322	N/A	25.	<input type="checkbox"/>
1/8/2004	ID# 6064 CK#	<i>Iowa Friends of Electrician</i> IAEC Political Action Committee 8525 Douglas Ave., Ste. 43 Des Moines, Iowa 50322	N/A	200	<input type="checkbox"/>
1/8/2004	ID# 9675 CK#	Outdoor Signs Political Action Committee Jerry Brown, Terry Wood, Clear Channel Outdoor	N/A	200	<input type="checkbox"/>
1/9/2004	ID# CK#	Darren Jaques 712 24th St. West Des Moines, Ia. 50265	N/A	100	<input type="checkbox"/>
1/9/2004	ID# CK#	Tom Ashworth 3305 EP True Parkway #601 West Des Moines, Ia. 50265	N/A	50	<input type="checkbox"/>
1/12/2004	ID# CK#	Marvin Pomerantz 4700 Westown Pkwy. West Des Moines, Ia. 50265	N/A	2,500	<input type="checkbox"/>
1/12/2004	ID# CK#	Kayne Robinson 311 St. Johns Road Des Moines, Iowa 50312	N/A	100.	<input type="checkbox"/>
1/14/2004	ID# CK#	Ben & Martha Ullem 3504 NW 131st St. Urbandale, Ia. 50323	N/A	100	<input type="checkbox"/>
1/16/2004	ID# CK#	Kevin & Diane Johnson 1814 South 7th Oskaloosa, Ia. 52577	N/A	100	<input type="checkbox"/>
SUB-TOTAL				\$ 3,475	<input checked="" type="checkbox"/>
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 WARD FOR SENATE

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

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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
1/16/2004	ID# 6155 CK#	Taxpayers United P.O. Box 209 Muscatine, Ia 52761	N/A	\$1,500	<input type="checkbox"/>
1/20/2004	ID# CK#	Ed Failor, Sr. 2310 Imperial Oaks Muscatine, Ia. 52761	N/A	500	<input type="checkbox"/>
1/20/2004	ID# CK#	Jim Fogt 13915 Rosewood Drive Clive, Ia. 50325	N/A	250	<input type="checkbox"/>
1/21/2004	ID# CK#	Deniis Murdock 1085 Indian Creek Circle Marion, Ia. 52302	N/A	250	<input type="checkbox"/>
1/21/2004	ID# CK#	Mona Bond 2818 W. 1st. Street Ankeny, Iowa 50021	N/A	100	<input type="checkbox"/>
1/21/2004	ID# CK#	Jim Sandager 5759 Coachligh Ct. West Des Moines, Ia. 50266	N/A	125	<input type="checkbox"/>
1/26/2004	ID# CK#	Berry Griswold 801 Grand Ave. Des Moines, Ia. 50309	N/A	500	<input type="checkbox"/>
1/26/2004	ID# CK#	Joe Van Winkle 6507 N.W. Drive Des Moines, Ia. 50322	N/A	100	<input type="checkbox"/>
1/26/2004	ID# CK#	Rick Chabot 6816 Timmons Drive Des Moines, Ia. 50322	N/A	200	<input type="checkbox"/>
1/26/2004	ID# CK#	Susan Severino 1317 Merle Hay Road Des Moines, Iowa 50311	N/A	100	<input type="checkbox"/>

SUB-TOTAL

\$3,625

**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)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 WARD FOR SENATE

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

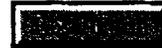
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1/26/2004	ID# 6101 CK#	Motor Carriers Political Action Committee P.O. Box 6121, East Des Moines Station Des Moines, Ia. 50309	N/A	\$300	<input type="checkbox"/>
1/26/2004	ID# 6056 CK#	Iowa Bankers Assn. Political Action Committee 8800 N.W. 62nd Ave., P.O. Box 6200 Johnston, Ia. 50131	N/A	150	<input type="checkbox"/>
1/27/2004	ID# CK#	Cal Hultman 1200 57th St. West Des Moines, Ia. 50266	N/A	250	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Jennifer Davis 665 Ronwood Dr., Des Moines, Ia. 50312	N/A	100	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Michael & Julie Blaser 5746 Coachlight Ct. West Des Moines, Ia. 50266	N/A	100	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Craig Walter 14862 Lakeview Drive West Des Moines, Ia. 50325	N/A	50	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Susan Walter 14862 Lakeview Drive West Des Moines, Ia. 50325	N/A	25	<input checked="" type="checkbox"/>
1/27/2004	ID# 6118 CK#	Iowa Optometric Assn. Political Action Committee 1454 30th St. Ste. 204 West Des Moines, Ia. 50266	N/A	150	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Charles Wasker 4201 Westown Pkwy., Ste. 250, West Des Moines, Ia. 50266	N/A	250	<input checked="" type="checkbox"/>
1/27/2004	ID# 6059 CK#	Iowa Committee of Auto Retailers 1111 Office Park Road West Des Moines, Ia. 50265	N/A	250	<input checked="" type="checkbox"/>

SUB-TOTAL  
 \$ 1625  
**TOTAL (if last page of this schedule)**  
 \$

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For Instructions, See Back of Form



<b>SCHEDULE</b> <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)**  
WARD FOR SENATE

**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
✓ 1/27/2004	ID# 9655 CK#	ILTA Political Action Committee P.O Box 206 Eldora, Ia. 50267	N/A	\$150	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6004 CK#	Associated General Contractors P.A.C. 701 E. Court Des Moines, Ia. 50309	N/A	2,500	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6001 CK#	Allied Group/Farmland P.A.C. 701 5th Ave. Des Moines, Ia. 50391	N/A	250	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6069 CK#	II Political Action Committee 904 Walnut, Ste. 100 Des Moines, Ia. 50309	N/A	250	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6323 CK#	Master Builders of Iowa P.A.C. P.O. Box 695 Des Moines, Ia. 50303	N/A	1000	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6484 CK#	Iowa Society of Anesthesiologists P.A.C. 321 43rd St. Des Moines, Ia. 50312	N/A	250	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6067 CK#	Iowa Health P.A.C. 6750 Westown Pkwy. #100 West Des Moines, Ia. 50266	N/A	150	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Steven Ackerson 1634 N.W. 131st St. Clive, Ia. 50325	N/A	100	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6125 CK#	Iowa Realtors P.A.C. 1370 N.W. 114th St. # 100 Clive, Ia. 50325	N/A	250	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6034 CK#	Engineers Political Action Committee 1000 Walnut # 102 Des Moines, Ia. 50309	N/A	250	<input type="checkbox"/>

SUB-TOTAL

\$5,150

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)

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

<b>COMMITTEE NAME</b> (Must be same as on Statement of Organization)
WARD FOR SENATE

**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
✓ 1/27/2004	ID# 6008 CK#	Associated Builders & Contractors of Iowa P.A.C. 475 Alices Rd., Ste. A Waukee, Ia. 50163	N/A	\$150	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6062 CK#	Iowa Certified Public Accountants P.A.C. 950 Office Park Road, #300 West Des Moines, Ia. 50265	N/A	150	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6096 CK#	Manufactured Housing P.A.C. 1400 Dean Ave., Des Moines, Ia. 50316	N/A	150	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6087 CK#	Iowa Telecommunications Industry, P.A.C. 2987 100th St. Urbandale, Ia. 50322	N/A	100	<input checked="" type="checkbox"/>
✓ 1/27/2004	ID# 6073 CK#	Iowa Medical P.A.C. 1001 Grand Ave. West Des Moines, Ia. 50265	N/A	150	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	<b>Capitol Consultants Brian Johnson 6824 Panorama Drive Panora, Iowa 50216-8713</b>	N/A	100	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Jim Davis, Atty at Law 931 32nd St. West Des Moines, Ia. 50265	N/A	100	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Thurman & Gerry Gaskill, State Senator 1320 Birch Ave. Corwith, Ia.	N/A	100	<input checked="" type="checkbox"/>
1/27/2004	ID# CK#	Larry & Marlene McKibben, State Senator 1703 Robertson Dr. Marshalltown, Iowa 50158	N/A	100	<input checked="" type="checkbox"/>
1/28/2004	ID# CK# 6778	Harlan D. Hockenbergl 801 Grand Ave. # 3500 Des Moines, Ia. 50309	N/A	100	<input type="checkbox"/>

SUB-TOTAL

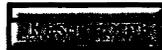
\$ 1200

**TOTAL (if last page of this schedule)**

\$15,075

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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)**  
Ward For Senate

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
1-28-04	ID# CK# 1001	Christian Printers 1411 - 21st Street Des Moines, Iowa 50311	Thank You Notes	\$ 146.81
1-28-04	ID# CK# 1002	John Ward	Fratello's PAC Fundraiser	515.50
	ID# CK#			
SUB-TOTAL				\$ 662.31
<b>TOTAL (if last page of this schedule)</b>				\$

**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

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

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
1-19-04	Republican Part of Iowa		Mail for Campaign	\$8,000	<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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 8,000

TOTAL (if last page of this schedule) \$

\*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.