

**FORM DR-2: Disclosure Summary Page**

Status: **Amended**  
 ID #: **1500**

Committee: **Ward for Senate**

Comm Type: **State Senate**

Date Due: **06/04/2004**

Report Year: **2004**

Treasurer: **Diane Cutler**

Primary Ph. (515)223-6767 Secondary Ph. (-)

Chair:

County: **NA**

Amended: **11/8/2005**

Statutory Due Date	06/04/2004
Adjusted Due Date	06/04/2004
Received Date	06/03/2004
Postmark Date	/ /
Amended	11/08/2005

*tiC*

*(updates balance only)*

**Statement of Cash on Hand**

Cash on Hand at Start of Period	<b>\$11,334.07</b>
Schedule A: Cash contributions Total	<b>\$3,025.00</b>
Schedule F: Loans Received Total	<b>\$0.00</b>
Schedule H: Campaign Property Sales	<b>\$0.00</b>
<b>SUB-TOTAL</b>	<b>\$14,359.07</b>
Schedule B: Expenditure Total	<b>\$295.18</b>
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	<b>14,063.89</b>

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**Additional Assets and Liabilities**

Loans in Place at Start of Period	<b>\$0.00</b>
Schedule D: UnPaid Bills	<b>\$0.00</b>
Schedule E: In-Kind Contributions	<b>\$0.00</b>
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	<b>\$0.00</b>
Schedule G: Consultant Breakdown?	<b>No</b>
Schedule H: Campaign Property Value	<b>\$0.00</b>

# DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1500
Logged In	2
Scanned	
Computer	WRS
Audited	6-3-04

**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)
Iowa Senate	SD 30

**IA ETHICS & CAMPAIGN DISCLOSURE BOARD**

JUN - 3 2004  
HD

FILED 6-2-04  
DATE SIGNED

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

221-3945  
TELEPHONE

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

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

I AM FILING A June 4, 2004 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**

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> 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.)	10,513.81
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	3,025.00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL .....</b>	<b>\$ 13,538.81</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	295.18
Schedule F: Loan Repayments total (Attach Schedule F)	
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	13,243.63
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ _____
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ _____
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ _____
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ _____

For Instructions, See Back of Fo

Reset 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
✓ 5-27-04	ID# 6073 CK# 644	Iowa Medical PAC 1001 Grand Ave. West Des Moines 50265-3502		\$150.00	<input checked="" type="checkbox"/>
✓ 5-27-04	ID# 6063 CK# 1687	Iowa Dental Assn. PAC 505 5th Ave. Suite 333 Des Moines 50309-2379		500.00	<input checked="" type="checkbox"/>
✓ 5-27-04	ID# 6058 CK# 2377	Iowa Chiropractic Society PAC 1605 N. Ankeny Blvd. Suite 100 Ankeny, IA 50021-4159		100.00	<input checked="" type="checkbox"/>
✓ 5-27-04	ID# 6059 CK# 2458	Iowa Committee of Auto Retailers 1111 Office Park Rd West Des Moines 50265		150.00	<input checked="" type="checkbox"/>
5-27-04	ID# CK# 1699	Susan Cameron 2202 NW 140th Street Clive, IA 50325		100.00	<input checked="" type="checkbox"/>
✓ 5-27-04	ID# 6052 CK# 2746	Independent Insurance Agents 4000 Westown PKWY, Suite 200 West Des Moines 50266		150.00	<input checked="" type="checkbox"/>
5-27-04	ID# CK# 1538	Tom Cope 8073 Cobblestone Road Urbandale, IA 50322		100.00	<input checked="" type="checkbox"/>
5-27-04	ID# CK# 5584	Ce Ce Zenti 2822 NW North Creek Circle Ankeny, IA 50021		75.00	<input checked="" type="checkbox"/>
✓ 5-27-04	ID# 6118 CK# 2041	Iowa Optometric Association 1454 30th Street Suite 204 West Des Moines, IA 50266		150.00	<input checked="" type="checkbox"/>
5-27-04	ID# CK# 9246	Mary Jo Harty 5634 Ponderosa Drive West Des Moines, IA 50266		50.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1525.00	
<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 Fo

Reset 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)  
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
5-27-04	ID# 6069 CK# 2112	Iowa Industry PAC 904 Walnut, Suite 100 Des Moines, IA 50309-3503		\$ 200.00	<input checked="" type="checkbox"/>
5-27-04	ID# 6064 CK# 1822	Iowa FORE 8525 Douglas Ave. Suite 48 Des Moines, IA		150.00	<input checked="" type="checkbox"/>
5-27-04	ID# 6146 CK# 1558	Homebuilders Association PAC Des Moines		250.00	<input checked="" type="checkbox"/>
5-27-04	ID# 6056 CK# 3211	Bankers Unite in Legislative Decisions 8800 NW 62nd Ave, Johnston, IA 50131-6200		300.00	<input checked="" type="checkbox"/>
5-27-04	ID# 6027 CK# 2164	Deere PAC Iowa 666 Grand Ave, Suite 1706 Des Moines, IA 50309-2507		250.00	<input checked="" type="checkbox"/>
5-27-04	ID# CK# 983	Edward D. Failor 2310 Imperial Oaks Dr. Muscatine, IA 52761		150.00	<input checked="" type="checkbox"/>
5-27-04	ID# CK#	Bill Knapp (Cash)		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1,500.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 3,025.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset 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
5-27-04	ID# CK#	Fratello's 1261 8th Street West Des Moines	Fundraiser	\$ 295.18
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 295.18</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).)