

REPORT OF RECEIPTS AND DISBURSEMENTS  
 For Other Than An Authorized Committee  
 (Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
 Iowa Senate 2002

ADDRESS (number and street)  Check if different than previously reported  
 430 South Capitol Street, SE

CITY, STATE and ZIP CODE  
 Washington, DC 20003

SECRETARY OF THE SENATE  
 01 JUL 31 AM 11:48

2. FEC IDENTIFICATION NUMBER  
 C00365486

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

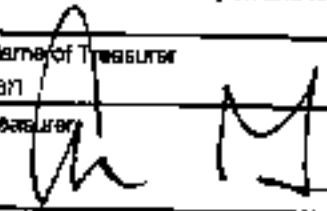
SUMMARY

5. Covering Period	COLUMN A	COLUMN B
<u>01/01/01</u> through <u>6/30/01</u>	This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 <u>2001</u>		\$ -0-
(b) Cash on Hand at Beginning of Reporting Period	\$ -0-	
(c) Total Receipts (from line 10)	\$ 141660.01	\$ 141660.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 141660.01	\$ 141660.01
7. Total Disbursements (from Line 80)	\$ 134840.21	\$ 134840.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6819.80	\$ 6819.80
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9630  
 Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
 Andy Grossman

Signature of Treasurer 

Date  
 7/31/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE

Iowa Senate 2002

REPORT COVERING PERIOD

FROM 01/01/01 TO 6/30/01

**I. Receipts**

	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	90000.00	90000.00
ii. Unitemized	5510.00	5510.00
iii. Total (add i and ii)	95510.00	95510.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	12000.00	12000.00
d. Total Contributions (add a ii, b and c)	107510.00	107510.00
12. Transfers From Affiliated/Other Party Committees	13000.00	13000.00
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity	21150.01	21150.01
19. Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18)	141660.01	141660.01
20. Total Federal Receipts (subtract line 18 from line 19)	120510.00	120510.00

**II. Disbursements**

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	18420.10	18420.10
ii. Non-Federal Share	18420.11	18420.11
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (Add a i, a ii, and b)	36840.21	36840.21
22. Transfers to Affiliated/Other Party Committees	98000.00	98000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c)		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	134840.21	134840.21
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	116420.10	116420.10

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans)(from line 11d)	107510.00	107510.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	107510.00	107510.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	18420.10	18420.10
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	18420.10	18420.10

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)

Iowa Senate 2002

FEC ID No. CD0365486

<b>A. Full Name, Mailing Address and ZIP Code</b> Scott M. Brennan 804 38th Street West Des Moines, IA 50265		Name of Employer Davis & Brown	Date (month, day, year) 5/23/01	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-To-Date \$ 300.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Roger Brooks 5205 Woodland Avenue Des Moines, IA 50312-1943		Name of Employer Amerius Life Insurance	Date (month, day, year) 5/23/01	Amount of Each Receipt this Period 5000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO	Aggregate Year-To-Date \$ 5000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> David Erickson 809 37th Street West Des Moines, IA 50265		Name of Employer Davis & Brown	Date (month, day, year) 5/23/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-To-Date \$ 1000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Stephen Garst PO Box 267 Coons rapids, IA 50058		Name of Employer Self-Employed	Date (month, day, year) 5/23/01	Amount of Each Receipt this Period 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Farmer	Aggregate Year-To-Date \$ 2000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> James P. Hayes 1142 E. Court Street Iowa City, IA 52240-3232		Name of Employer Self-Employed	Date (month, day, year) 5/23/01	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-To-Date \$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Kathleen Lillis 3000 Patricia Drive Des Moines, IA 50322		Name of Employer	Date (month, day, year) 5/23/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	Aggregate Year-To-Date \$ 1000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> PauTee Lipsman 2880 Grand Avenue, #106 Des Moines, IA 50312		Name of Employer House Democratic Research Staff	Date (month, day, year) 5/23/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Staff Director	Aggregate Year-To-Date \$ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) . . . . . 10800.00

**TOTAL** This Period (last page this line number on y) . . . . .

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page  
 PAGE 2 OF 9  
 FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)  
 Iowa Senate 2002

FEC ID No. C00365486

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail Richards 3000 SW 37th Street Des Moines, IA 50312		5/23/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Per To Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code Frederick W. Weitz 1245 Browns Woods Drive West Des Moines, IA 50399	Name of Employer Essex Meadows, Inc	Date (month, day, year) 5/23/01	Amount of Each Receipt this Period 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Per To Date > \$ 2000.00	
C. Full Name, Mailing Address and ZIP Code Cabazon Band of Mission Indians 84-245 Indio Springs Drive Indio, CA 92201	Name of Employer	Date (month, day, year) 5/17/01	Amount of Each Receipt this Period 5000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Per To Date > \$ 5000.00	
D. Full Name, Mailing Address and ZIP Code James A. Erb 701 2nd Avenue Charles City, IA 50616	Name of Employer Self-Employed	Date (month, day, year) 5/29/01	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Per To Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Marguerite McNabb 1232 Wisconsin Avenue Ames, IA 50014	Name of Employer	Date (month, day, year) 5/31/01	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Per To Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code Dennis Clark 527 Park Lane Waterloo, IA 50702	Name of Employer Orthotics & Prosthetics	Date (month, day, year) 5/31/01	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Per To Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Marsha M. Beckelman 359 Pleasant Drive, SE Cedar Rapids, IA 52403	Name of Employer Self-Employed	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Per To Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) . . . . . 9100.00

TOTAL This Period (last page this line number only) . . . . . 9100.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page  
 PAGE 3 OF 9  
 FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

Iowa Senate 2002

FEC ID No. C00365486

<b>A. Full Name, Mailing Address and ZIP Code</b> Marjorie Benson 2609 Ridgetop Road Ames, IA 50014		Name of Employer Occupation Homemaker	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 1000.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Suzanne Blouin 300 Walnut, #12 Des Moines, IA 50309		Name of Employer Occupation Homemaker	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 1000.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Brad Brady 4154 Brookside Drive Marion, IA 52302		Name of Employer Occupation Self-Employed Attorney	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 1000.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Robert P. Burns 319 E. Washington ST. #111 Iowa City, IA 52244		Name of Employer Occupation Self-Employed Developer	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 1000.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> James C. Conlin 6116 SW McKinley Avenue Des Moines, IA 50321		Name of Employer Occupation Self-Employed Developer	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 1000.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Andrea Conway 705 Westbranch Drive Waukee, IA 50263		Name of Employer Occupation Homemaker	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 1000.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Chet J. Cuiver 1217 16th Street West Des Moines, IA 50265		Name of Employer Occupation State of Iowa Secretary of State	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$ 300.00		

<b>SUBTOTAL of Receipts This Page (optional)</b>	6300.00
<b>TOTAL This Period (last page this line number only)</b>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page  
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 FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Iowa Senate 2002

FEC ID No. C00365486

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Dawson 3001 Branch Ave. #338 Temple Hills, MD 20748	Self-Employed	6/5/01	600.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-To-Date \$ 600.00	
B. Full Name, Mailing Address and ZIP Code Denver Dillard 405 South 3rd Street, W Mt Vernon, IA 52314	Self-Employed	6/5/01	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code John H. Ehrhart 425 2nd Street, #1010 Cedar Rapids, IA 52401	Fisher, Ehrhart et al	6/5/01	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Davis L. Foster 1225 Devon Drive Iowa City, IA 52240	Self-Employed	6/5/01	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Holmes Foster 13621 Bay Hill Drive Des Moines, IA 50325	State of Iowa	6/5/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banking Supervisor	Aggregate Year-To-Date \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Edward Friedmann R.R. 2 Box 152A Refield, IA 50233	Redfield Clinic	6/5/01	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physicians Assistant	Aggregate Year-To-Date \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Brian P. Galligan 2825 Grand Ave, #4 Des Moines, IA 50312-4227	Galligan, Jolly, Doyle, Reed	6/5/01	2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date \$ 2000.00	

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) FEC ID No. C00365486  
 Iowa Senate 2002

<b>A. Full Name, Mailing Address and ZIP Code</b> WM J. Gannon 205 Bluff Street Mingo, IA 50168	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	6/5/01	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date	
		Y \$ 300.00	300.00

<b>B. Full Name, Mailing Address and ZIP Code</b> Robert Gitchell 2513 Northwood Drive Ames, IA 50010	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	McFarland Clinic	6/5/01	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Physician	Aggregate Year-To-Date	
		Y \$ 1000.00	1000.00

<b>C. Full Name, Mailing Address and ZIP Code</b> Ralph Gross 1623 Center Street Des Moines, IA 50314	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	6/5/01	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date	
		Y \$ 300.00	300.00

<b>D. Full Name, Mailing Address and ZIP Code</b> Patricia H. Heidenreich PO Box 37 Marquette, IA 52158	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	6/5/01	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date	
		Y \$ 5000.00	5000.00

<b>E. Full Name, Mailing Address and ZIP Code</b> Stephen Jackson PO Box 74198 Cedar Rapids, IA 52407-4198	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Attorney	6/5/01	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date	
		Y \$ 1000.00	1000.00

<b>F. Full Name, Mailing Address and ZIP Code</b> Jane Kuehn 4106 Phoenix Ames, IA 50014	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Hoffman Larouche	6/5/01	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Relations	Aggregate Year-To-Date	
		Y \$ 1000.00	1000.00

<b>G. Full Name, Mailing Address and ZIP Code</b> M.W. Liebbe 116 East 5th Street Davenport, IA 52803	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self-Employed	6/5/01	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Attorney	Aggregate Year-To-Date	
		Y \$ 1000.00	1000.00

<b>SUBTOTAL of Receipts This Page (optional)</b>	9600.00
<b>TOTAL This Period (last page this line number only)</b>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule PAGE OF  
for each category of the 6 9  
Detailed Summary Page  
FOR LINE NUMBER  
11ai

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**NAME OF COMMITTEE (in Full)**  
Iowa Senate 2002

FEC ID No. CDD365486

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gustav C. Nelson 1141 Cummins Circle Des Moines, IA 50311		6/5/01	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggreg. Yr-To-Date \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Scott Peters 241 East Graham Avenue Council Bluffs, IA 51503	Name of Employer Self-Employed	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggreg. Yr-To-Date \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code John L. Riccolo 425 Second Street, SE Cedar Rapids, IA 52401	Name of Employer Riccolo & Baker	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggreg. Yr-To-Date \$ 2000.00	
D. Full Name, Mailing Address and ZIP Code Nancy E. Riley 5300 Lakeside Road Marion, IA 52302	Name of Employer	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggreg. Yr-To-Date \$ 2000.00	
E. Full Name, Mailing Address and ZIP Code Tom Slater 200 10th Street, 5th FL Des Moines, IA 50309	Name of Employer State Public Policy Group	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggreg. Yr-To-Date \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Julianne H. Thomas, MD 4749 Mount Vernon Road, SE Cedar Rapids, IA 52403-3941	Name of Employer Pediatric Center, PC	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 8000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pediatrician	Aggreg. Yr-To-Date \$ 8000.00	
G. Full Name, Mailing Address and ZIP Code Thomas M. Wertz 228 Lincoln Heights Drive, SE Cedar Rapids, IA 52403	Name of Employer Wertz & Leehay	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggreg. Yr-To-Date \$ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) . . . . . 15300.00

**TOTAL** This Period (last page this line number only) . . . . .



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page  
 PAGE 7 OF 9  
 FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

Iowa Senate 2002

FEC ID No. C00365486

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Wiggles 1200 Valley West Dr. #700 West Des Moines, IA 50265	Self-Employed	6/5/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-To-Date > \$ 1000.00
B. Full Name, Mailing Address and ZIP Code William J. Wimmer 801 Grand Avenue, #3100 Des Moines, IA 50309	Self-Employed	6/5/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-To-Date > \$ 1000.00
C. Full Name, Mailing Address and ZIP Code Brent Wynja 1012 Hunziker Drive Ames, IA 50010-5028	Self-Employed	6/5/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Financial Consultant	Aggregate Year-To-Date > \$ 1000.00
D. Full Name, Mailing Address and ZIP Code Daniel Huser 213 7th Street, NW Altoona, IA 50009	Casey's General Store	6/5/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Systems Analyst	Aggregate Year-To-Date > \$ 1000.00
E. Full Name, Mailing Address and ZIP Code Ed Skinner PO Box 367 Altoona, IA 50009	Skinner Law Office	6/5/01	8000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-To-Date > \$ 8000.00
F. Full Name, Mailing Address and ZIP Code Eric L. Book 4104 Oakwood Lane West Des Moines, IA 50265	Wellmark of Iowa	6/8/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chief Med. Officer	Aggregate Year-To-Date > \$ 1000.00
G. Full Name, Mailing Address and ZIP Code Steven J. Crowley 10924 Oak Ridge Road Burlington, IA 52601	Self-Employed	6/8/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-To-Date > \$ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	14000.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page  
 PAGE 8 OF 9  
 FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
 Iowa Senate 2002

FEC ID No. CD036548E

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terrri Crowley 10924 Oak Ridge Road Burlington, IA 52602		6/8/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-To-Date \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sally Dubray 1470 Dover Bay Drive Clive, IA 50325		6/8/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Unemployed	Aggregate Year-To-Date \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cyril Ann Mandelbaum 5951 SW Woodridge Drive West Des Moines, IA 50265		6/8/01	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate	Aggregate Year-To-Date \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwayne McAnnich PO Box 1486 Des Moines, IA 50306	McAnnich Corporation	6/8/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Earth Moving	Aggregate Year-To-Date \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glennis McAnnich 868 GI4 Highway Norwalk, IA 50211	McAnnich Corporation	6/8/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Secretary	Aggregate Year-To-Date \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris Smithson 232 East Rose Des Moines, IA 50315	Papa's Planet	6/8/01	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional) . . . . . 4550.00

TOTAL This Period (last page this line number only) . . . . .

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page  
 PAGE 9 OF 9  
 FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in full)**  
 Iowa Senate 2002

FEC ID No. C00365486

<b>A. Full Name, Mailing Address and ZIP Code</b> Jenny Wertz 228 Lincoln Heights Drive, SE Cedar Rapids, IA 52403	<b>Name of Employer</b> College Community School	<b>Date (month, day, year)</b> 6/5/01	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Teacher	<b>Aggregate Year-To-Date</b> > \$ 1000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> David H. Wallace 13376 29th Drive Des Moines, IA 50323	<b>Name of Employer</b>	<b>Date (month, day, year)</b> 6/28/01	<b>Amount of Each Receipt this Period</b> 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Retired	<b>Aggregate Year-To-Date</b> > \$ 2000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Dolores Wallace 13376 29th Drive Des Moines, IA 50323	<b>Name of Employer</b>	<b>Date (month, day, year)</b> 6/28/01	<b>Amount of Each Receipt this Period</b> 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Retired	<b>Aggregate Year-To-Date</b> > \$ 2000.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Gregory E. Peterson 1510 Pleasantview Drive Des Moines, IA 50315	<b>Name of Employer</b>	<b>Date (month, day, year)</b> 6/28/01	<b>Amount of Each Receipt this Period</b> 2000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Doctor	<b>Aggregate Year-To-Date</b> > \$ 2000.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Janet Griffin 410 27th Street Des Moines, IA 50312	<b>Name of Employer</b> Wellmark	<b>Date (month, day, year)</b> 6/8/01	<b>Amount of Each Receipt this Period</b> 4000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> VP, Government Affairs	<b>Aggregate Year-To-Date</b> > \$ 4000.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Jeffrey Hunter 410 27th Street Des Moines, IA 50312	<b>Name of Employer</b> Hunter Habitat Company, Inc.	<b>Date (month, day, year)</b> 6/8/01	<b>Amount of Each Receipt this Period</b> 4000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> President	<b>Aggregate Year-To-Date</b> > \$ 4000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Non-Federal Contributions received during this period	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b> (171,725.00)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b>	<b>Aggregate Year-To-Date</b> > \$	MFMO

<b>SUBTOTAL</b> of Receipts This Page (optional)	15000.00
<b>TOTAL</b> This Period (last page this line number only)	90000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
Iowa Senate 2002

FEC ID No. C00365496

<b>A. Full Name, Mailing Address and ZIP Code</b> IBEW-COPE 1125 15th Street, NW Washington, DC 20005		Name of Employer Occupation Aggregate Year-To-Date $\geq$ \$ 10000.00	Date (month, day, year) 6/5/01	Amount of Each Receipt this Period 10000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
<b>B. Full Name, Mailing Address and ZIP Code</b> American Chiropractic Assoc. Political Action Committee 1701 Clarendon Blvd. Arlington, VA 22209		Name of Employer Occupation Aggregate Year-To-Date $\geq$ \$ 1000.00	Date (month, day, year) 6/7/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
<b>C. Full Name, Mailing Address and ZIP Code</b> AFGE Political Action Comm 80 F Street, NW Washington, DC 20001		Name of Employer Occupation Aggregate Year-To-Date $\geq$ \$ 1000.00	Date (month, day, year) 6/28/01	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
<b>D. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation Aggregate Year-To-Date $\geq$ \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
<b>E. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation Aggregate Year-To-Date $\geq$ \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
<b>F. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation Aggregate Year-To-Date $\geq$ \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
<b>G. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation Aggregate Year-To-Date $\geq$ \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				

<b>SUBTOTAL</b> of Receipts This Page (optional)	12000.00
<b>TOTAL</b> This Period (last page this line number only)	12000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	TYPE 1	QF 1
	FOR LINE NUMBER 12	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

Iowa Senate 2002

FEC ID No. C00365486

<b>A. Full Name, Mailing Address and ZIP Code</b> Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transfer	Date (month, day, year) 4/9/01	Amount of Each Receipt this Period 5000.00
	Occupation		
	Aggregates Year-To-Date > \$		
<b>B. Full Name, Mailing Address and ZIP Code</b> Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transfer	Date (month, day, year) 4/18/01	Amount of Each Receipt this Period 1000.00
	Occupation		
	Aggregates Year-To-Date > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b> Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transfer	Date (month, day, year) 4/26/01	Amount of Each Receipt this Period 7000.00
	Occupation		
	Aggregates Year-To-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transfer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregates Year-To-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transfer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregates Year-To-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transfer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregates Year-To-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transfer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregates Year-To-Date > \$		

<b>SUBTOTAL</b> of Receipts This Page (optional)	13000.00
<b>TOTAL</b> This Period (last page this line number only)	13000.00

NAME OF COMMITTEE

Iowa Senate 2002

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL
IA1 ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input checked="" type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	50.00	50.00
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT . . . <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS <input type="checkbox"/> NEW . . . . . <input type="checkbox"/> REVISED . . . <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL

**TRANSFERS FROM  
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE <u>Iowa Senate 2002</u>	TOTAL AMOUNT TRANSFERRED
--	--------------------------

NAME OF ACCOUNT <u>Iowa Senate 2002 NE Corporate</u>	DATE OF RECEIPT <u>6/29/01</u>	\$	<u>21150.01</u>
---	-----------------------------------	----	-----------------

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
f) Total Administrative/Voter Drive .....			
II) Direct Fundraising (List Events-Amounts for Each)			
a) <u>IAI</u>		<u>21150.01</u>	
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising .....		<u>21150.01</u>	
III) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support .....			

NAME OF ACCOUNT	DATE OF RECEIPT	\$	
-----------------	-----------------	----	--

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive .....			
II) Direct Fundraising (List Events-Amounts for Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred For Direct Fundraising .....			
III) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a) _____			
b) _____			
c) _____			
d) _____			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support .....			

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS
SUBTOTAL THIS PAGE .....		<u>21150.01</u>	<u>21150.01</u>
TOTAL THIS PERIOD .....		<u>21150.01</u>	<u>21150.01</u>

**NAME OF COMMITTEE**

Icwa Senate 2002

A. FULL NAME, MAILING ADDRESS & ZIP	BOBBOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paul DiNino 210 Whitestone Road Silver Spring, MD 20901	Fund-Raising Consulting [A]	4/9/01	5000.00	2500.00	2500.00
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Paul DiNino 210 Whitestone Road Silver Spring, MD 20901	Fund-Raising Consulting [A]	4/26/01	5000.00	2500.00	2500.00
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bank of America 730 15th Street, NW Washington, DC 20005	Bank Charges [A]	4/12/01	49.00	24.50	24.50
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bank of America 730 15th Street, NW Washington, DC 20005	Bank Charges [A]	4/19/01	49.00	24.50	24.50
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bank of America 730 15th Street, NW Washington, DC 20005	Bank Charges [A]	4/19/01	49.00	24.50	24.50
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bank of America 730 15th Street, NW Washington, DC 20005	Bank Charges [A]	4/19/01	49.00	24.50	24.50
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
<b>SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE</b>			10196.00	5098.00	5098.00
<b>TOTAL THIS PERIOD</b>					
<b>TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)</b>					



JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

Iowa Senate 2002

A. FULL NAME, MAILING ADDRESS & ZIP	BOBBOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
HealthSouth Corporation 2 Middle Road Palm Beach, FL 33480	Travel [A]	5/18/01	2552.00	1276.00	1276.00
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEB <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP	BOBBOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Paul DiNino 210 Whitestone Road Silver Spring, MD 20901	Fund-raising Consulting [A]	5/29/01	5000.00	2500.00	2500.00
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEB <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP	BOBBOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Bank of America 790 15th Street, NW Washington, DC 20005	Bank Fees [A]	5/22/01	18.65	9.32	9.33
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEB <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP	BOBBOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Bank of America 730 15th Street, NW Washington, DC 20005	Bank Fees [A]	5/23/01	14.10	7.05	7.05
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEB <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP	BOBBOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Bank of America 730 15th Street, NW Washington, DC 20005	Bank Fees [A]	5/23/01	14.10	7.05	7.05
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEB <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP	BOBBOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Hotel Fort Des Moines 1000 Walnut Street Des Moines, IA 50309	Catering [A]	6/12/01	12220.04	6110.02	6110.02
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEB <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			19818.89	9909.44	9909.45
TOTAL THIS PERIOD					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

Iowa Senate 2002

A. FULL NAME, MAILING ADDRESS & ZIP	BOB ROSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Mac Mannes Inc 5104 Mac Arthur Blvd, NW Washington, DC 20016	Catering	6/15/01	1101.12	550.56	550.56
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEM <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bank of America 901 West Trade Street Charlotte, NC 28296	SEC MEMO ENTRY	6/18/01	522.25	261.12	261.13
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEM <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
GMS PO Box 27378 Washington, DC 20038	Shipping	6/19/01	10.52	5.26	5.26
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEM <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Paul DiNiro 210 Whitestone Road Silver Spring, MD 20901	Fund- Raising/ Consulting	6/25/01	5000.00	2500.00	2500.00
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEM <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
Bank of America 730 15th Street, NW Washington, DC 20005		6/30/01	191.43	95.72	95.71
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEM <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 36,840.21 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP	BOB ROSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY <input type="checkbox"/> ADMINISTRATIVE/VOTER DEM <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			6825.32	3412.66	3412.66
TOTAL THIS PERIOD			36840.21	18420.10	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					18420.11

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

Iowa Senate 2002

FEC ID No. C003554B5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Midwest Express Washington, DC	Travel	6/18/01	522.25
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) . . . . .

522.25

**TOTAL** This Period (last page this line number only) . . . . .

MEMO

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
Iowa Senate 2002

FEC ID No. C00365486

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/01	8000.00
B. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/01	5000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Harkin 426 C Street, NE Rear Building Washington, DC 20002	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/01	50000.00
D. Full Name, Mailing Address and ZIP Code DSCC 430 South Capitol Street, SE Washington, DC 20003	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/01	35000.00
E. Full Name, Mailing Address and ZIP Code	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Transfer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional)	98000.00
<b>TOTAL</b> This Period (last page this line number only)	98000.00

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

**RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** \_\_\_\_\_  
Date of Receipt

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**REGISTERED/CERTIFIED MAIL** \_\_\_\_\_  
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**OTHER (Specify):** \_\_\_\_\_  
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 **EXPRESS MAIL**  
 **FEDERAL EXPRESS**  
 **UPS**  
Postmark and/or Date of Receipt

R.D.      7/31/01  
Preparer      Date Prepared