Cass

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COPY

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT

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

IMPORTANT: Indicate type of committee you are reporting for: 4

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support Slate of Candidates

DISCLOSURE BOARD
JAN 3 2003
FILED

For Office Use Only
Comm. # 17093 A
Indexed
Audited
Computer

CANDIDATE COMMITTEES ONLY:

Candidate Name: Tracey J. Marshall
Political Party: Republican
Office Sought: Cass County Treasurer
District (if Senate or House):

02 DEC 31 PM 12:
D.L. E. S. COUNTY AUDITOR
FILED

Tracey J. Marshall — **SIGNATURE OF TREASURER (or person filing this report)**
712-769-2298 — **TELEPHONE**
12-31-02 — **DATE SIGNED**

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Dec. 31 2002 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: Nov 5, 2002
County & Local Committees, enter County in which Election is held: Cass

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.) ..... $ 15.12

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 372.50
Schedule F: Loans Received total (Attach Schedule F) .....
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....$ 387.62

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 387.62
Schedule F: Loan Repayments total (Attach Schedule F) .....

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 0

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ____ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COPY

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

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

Marshall for Treasurer

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
10-24-02	ID# CK# 1000	Robert Hazard 801 Linda dr Atlantic IA 50022		$ 122.50	
10-24-02	ID# CK# 12432	Jay Hoogeveen 1004 N 54 PO Box 274 Griswold IA 51535		25.00	
11-10-02	ID# CK# 2804	Tracey Marshall 5556 Nishna Valley Rd Lewis IA 51544	Candidate	100.00	
12-5-02	ID# CK#	Unitemized contributions Misc		25.00	
10-25-02	ID# CK#	Unitemized contributions Fund raiser		50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $372.50

TOTAL ***(if last page of this schedule)*** $372.50

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

COPY

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

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

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
10-23-02	ID# CK# 0014	KJAN Northwest Atlantic IA 50022	Advertise	$172.50
10-24-02	ID# CK# 0015	KSOM 413 Chestnut Atlantic IA 50022	Advertise	126.00
11-19-02	ID# CK# 0016	Atlantic News Telo 410 Walnut Atlantic IA 50022	Advertisg	31.80
12-9-02	ID# 1202 CK#	Rolling Hills Bank Griswold IA 51535	Checks + charge	35.44
12-26-02	ID# Cash CK#	CassCo Rep Central Committee 61677 780th ST Anita, IA 50020	Republican Party Donation	21.88
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $387.62

TOTAL (*if last page of this schedule*) $387.62

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 56.6(3)(i).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

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

Marshall for Treasurer

COPY

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
9-20-02	Atlantic News Tele 410 Walnut Atlantic IA 50022	Candidate	Adver	$ 63.60	
9-20-02	Bonness ono Atlantic IA 50022	"	Signs	6.33	
11-10-02	Atlantic News Tel 410 Walnut St Atlantic IA 50022	"	Adv	63.60	
12-10-02	Anita Tribune Antia IA 50022	"	Adver	16.00	
12-12-02	Griswold American Griswold IA 51535	"	Adver	16.00	

SUB-TOTAL	$ 165.53
TOTAL (if last page of this schedule)	$ 165.53

*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.

Cass

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

FORM (Rev. 02/96)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 17093 A
Indexed ✓
Audited
Computer
Certified Date of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

COPY

DISCLOSURE BOARD
JAN 3 2003
FILED

COMMITTEE NAME

Official Name of Committee

Marshall for Treasurer
Street

58253 Quincy
City, State, Zip Code

Lewis IA 51544
Area Code Telephone

(712) 769 2312

Effective date of dissolution:

12-31, ~~19~~ 2002

Signature of Treasurer

12-31-02
Date Signed

FILED
02 DEC 31 PM 12:11
D.L. E. Sinkman
COUNTY AUDITOR

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Signature of Candidate - Required for Candidate's Committee

12-31-02
Date signed

WHEN TO FILE:
The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.

Rolling Hills Bank, Atlantic, IA

Monday Dec 30, 2002 2:07 PM

TRACEY J MARSHALL
MIKE MARSHALL
MARSHALL FOR TREASURER
55566 NISHNA VALLEY
LEWIS IA 51544

COPY

Account	8002560
Balance	0.00
Date Last Stmt	12/09/2002

JAN 3

Date	Description	Check	Amount	Balance	Reference
10/07/2002	Balance Forward		0.00	95.87	
10/14/2002	*Service Charge		3.00	92.87	
10/14/2002	*Sales Tax		0.18	92.69	
10/18/2002	*Deposit		275.00	367.69	
10/23/2002	*Check		74.20	293.49	
10/25/2002	*Check		16.00	277.49	
10/28/2002	*Deposit		197.50	474.99	
10/28/2002	*Check		216.45	258.54	
10/29/2002	*Deposit		100.00	358.54	
10/29/2002	*Check		172.50	186.04	
11/01/2002	*Check		126.00	60.04	
11/11/2002	*Service Charge		3.00	57.04	
11/11/2002	*Sales Tax		0.18	56.86	
11/21/2002	*Check		31.80	25.06	
11/22/2002	*Deposit		93,805.13	93,830.19	
11/29/2002	*Withdrawal		93,805.13	25.06	
12/09/2002	*Service Charge		3.00	22.06	
12/09/2002	*Sales Tax		0.18	21.88	
12/26/2002	Auto Close Withdrl		21.88	0.00	

FILED
02 DEC 31 AM 11:42
Dale E. Sundermann
COUN. AUDITOR