FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 17111
Indexed SW
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Schwickerath for Chickasaw County Attorney

IMPORTANT: Indicate type of committee you are reporting for: 4 #901-856-8

(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

SIGNATURE OF TREASURER (or person filing this report) — 641-394-5252 **TELEPHONE** — January 15, 2003 **DATE SIGNED**

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

JAN 17 2003

I AM FILING A 19 Jan 2003 Disclosure REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate one 2

☐ 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: Chickasaw

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.) ..... $ 311.08

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 550.48

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 ..... $ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 852.06

Schedule F: Loan Repayments total (Attach Schedule F) 9.50

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) ..... $ None

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ None

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ None

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES x NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ None

For Instructions, See Back of Form

SCHEDULE **A** (Rev. 06/97)	MONETARY RECEIPTS
☐ 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)*

Schwickerath for County Attorney

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
10/31/02	ID# CK#	State Bank of Lawler 606 West Milwaukee New Hampton, IA 50659	None Interest on Account	$ .40	
12/01/02	ID# CK#	State Bank of Lawler 606 West Milwaukee New Hampton, IA 50659	None Interest on Account	.07	
12/31/02	ID# CK#	State Bank of Lawler 606 West Milwaukee New Hampton, IA 50659	None Interest on Account	.01	
10/28/02	ID# CK#	John Rigler 313 North Linn New Hampton, IA 50659	None	50.00	
10/28/02	ID# CK#	Willis Hansen 2050 Woodland New Hampton, IA 50659	None	100.00	
10-28-02	ID# CK#	Nathaniel Schwickerath 2069 170th Street New Hampton, IA 50659		200.00	
11/01/02	ID# CK#	William P. Schwickerath 1980 McCloud Avenue New Hampton, IA 50659	Cousin	200.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $ 550.48

TOTAL ***(if last page of this schedule)*** $ 550.48

* 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.

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)*

Schwickerath for Chickasaw County Attorney

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
10/28/02	ID# CK#	Cumulus Brdcsting Inc Wloo Box 68-7196 Milwaukee, WI 53268	Radio Ads	$ 177.24
10/28/02	ID# CK#	Cumulus Brdcsting Inc Wloo Box 68-7196 Milwaukee, WI 53268	Radio Ads	34.58
10/30/02	ID# CK#	Clear Channel Radio Box 5510 Chicago, IL 60693	Radio Ads	105.00
10/30/02	ID# CK#	New Hampton Publishing 10 North Chestnut New Hampton, IA 50659	Newspaper Ads	$ 61.30
10/18/02	ID# CK#	Clear Channel Radio Box 5510 Chicago, IL 60693	Radio Ads	150.00
10/23/02	ID# CK#	Cumulus Brdcsting Inc Wloo Box 68-7196 Milwaukee, WI 53268	Radio Ads	130.00
11/01/02	ID# CK#	Clear Channel Radio Box 5510 Chicago, IL 60693	Radio Ads	80.00
11/03/02	ID# CK#	Cumulus Brdcsting Inc Wloo Box 68-7196 Milwaukee, WI 53268	Radio Ads	113.94
			SUB-TOTAL	$ 852.06
			TOTAL (*if last page of this schedule*)	$ 852.06

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 INSTRUCTIONS, SEE BACK OF FORM

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

Schwickerath for Chickasaw County Attorney

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

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
01/14/03	Mark W. Schwickerath 2073 170th Street New Hampton, IA 50659	Parent	Forgive Debt	$ 490.50	
			SUB-TOTAL	$	
			TOTAL (If last page of this schedule)	$ 490.50	

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

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

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

Schwickerath for Chickasaw County Attorney

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ _____

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			$

TOTAL *(PART I)* $ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
01/14/03	Mark W. Schwickerath 2073 170th Street New Hampton, IA 50659	Parent	$ 9.50

TOTAL CASH REPAYMENTS *(PART II)* $ 9.50

From Schedule E -- TOTAL LOANS FORGIVEN $ 490.50

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 0.00

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (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 when it applies.

Chickasaw

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. # 57111
Indexed SW
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.

JAN 17 2003

COMMITTEE NAME

Official Name of Committee
#901-856-8
Schwickerath for Chickasaw County Attorney

Street
2069 170th Street

City, State, Zip Code
New Hampton, IA 50659

Area Code Telephone
(641) 394-5252

Effective date of dissolution:

January 14, 20 03

Signature of Treasurer

January 14, 2003
Date Signed

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

1-14-2003
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.