FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

For Office Use Only
Comm. # 17115
Indexed SW
Audited
Computer ab

COMMITTEE NAME *(Must be same as on Statement of Organization)* Debbie Lynn for County Recorder

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

Shirley Gennock — 641-342-4215 — 01-08-03
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

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

JAN 10 2003

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19 (report date) REPORT FOR AN/A (X) **ELECTION** /(2)**NON-ELECTION** YEAR.
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 11-5-02
County & Local Committees, enter County in which Election is held Clarke

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.) ..... $ 134.89

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 781.06

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.....$ 915.95

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 915.95

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

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)*

Debbie Lynn for County Recorder

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
11/02/02	ID# CK#	Norman Redman 500 S Lincoln Osceola IA 50213	friend	$ 20.00	
11/04/02	ID# CK#	Debbie Lynn 619 Southview Dr Osceola IA 50213	Candidate	690.00	
11/21/02	ID# CK#	Debbie Lynn 619 Southview Dr Osceola, IA 50213	Candidate	71.06	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$	
			TOTAL ***(if last page of this schedule)***	$ 781.06	

* 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)*
Debbie Lynn for County Recorder

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
10/21/02	ID# CK#	Clarke County Auditor Courthouse Osceola IA 50213	voter list.	$ 7.00
11/2/02	ID# CK#	mallberry Tree 119 W washington Osceola IA 50213	Baloons	15.90
11/4/02	ID# CK#	Clarke Co Publishing 115 E Washington Osceola IA 50213	advertising	359 46
11/4/02	ID# CK#	The Advertiser 111 E Washington Osceola IA 50213	advertising	457.60
11/21/02	ID# CK#	The Advertiser 111 E. Washington Osceola IA 50213	advertising	44.55
11/21/02	ID# CK#	Clarke Co Publishing 115 E. Washington Osceola IA 50213	advertising	25.08
10/21/02	ID# CK#	American State Bank 1000 Jeffreys Drive Osceola IA 50213	Service chg	3.18
11/18/02	ID# CK#	American State Bank 1000 Jeffreys Dr Osceola IA 50213	Service chg	3.18
			SUB-TOTAL	$
			TOTAL (*If last page of this schedule*)	$ 915.95

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).)

Clarke

Notice of Dissolution

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

COMMITTEE NAME

JAN 1 0 2003

Official Name of Committee

Debbie Lynn for County Recorder

Street

619 Southview Dr PO Box 491

City, State, Zip Code

Osceola, IA 50213

Area Code Telephone

(641) 342-6351

Effective date of dissolution:

December 31, 2002

Kirbey Pennock

Signature of Treasurer

01-08-03

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 Iowa Code section 56.42 and rule 351 IAC 4.42.

Debbie Lynn — 1-6-03

Signature of Candidate - Required for Candidate's Committee — 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. The final bank statement may be sent in later if it is not available at the time the Notice of Dissolution is filed.

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

FORM (Rev. 02/02)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 17115
Indexed
Audited
Computer
Certified Date of Dissolution