Clayton

FOR INSTRUCTIONS, SEE BACK OF FORM

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

For Office Use Only
Comm. # 17101
Indexed
Audited
Computer

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Larry E Gibbs For County Supervisor

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 State of Candidates

Dixie Wellman — SIGNATURE OF TREASURER (or person filing this report)
563-255-2817 — TELEPHONE
12-30-02 — 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 January 19TH (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
Indicate one 1

RECEIVED DEC 31 2002 FILED

☐ 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
November 5 2002
County & Local Committees, enter County in which Election is held
Clayton

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.) $	17.12
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	310.97
Schedule F: Loans Received total (Attach Schedule F)	0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	328.09
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	328.09
Schedule F: Loan Repayments total (Attach Schedule F)	0
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) $	0
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) $	0
OUTSTANDING LOANS (From Schedule F - Attach Schedule F) $	0
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES X NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	0

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)*
Larry E Gibbs For County Supervisor

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
11/7/02	ID# CK#	Larry E Gibbs Garnavillo, Iowa	self	$30.00	
10/30/02	ID# CK#	Larry E Gibbs Garnavillo, Iowa	self	240.00	
10/18/02	ID# CK#	Larry E Gibbs Garnavillo, Iowa	self	40.97	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $ 310.97

TOTAL *(If last page of this schedule)* $ 310.97

* 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)*
Larry E Gibbs For County Supervisor

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
10/18/02	ID# CK#	Clayton County Register P.O. Box 130 Elkader IA 52043	Campaign cards	$40.97
10/31/02	ID# CK#	KCTN-FM Radio P.O Box 990 Elkader IA 52043	advertising	234.00
10/31/02	ID# CK#	The Guttenberg Press P.O. Box 937 Guttenberg IA 52052	advertising	20.00
10/31/02	ID# CK#	North Iowa Times P.O. Box M McGregor IA 52157	advertising	20.70
12/3/02	ID# CK#	Northeast Iowa Telephone PO Box 835 Monona IA 52159	advertising	7.50
12/15/02	ID# CK#	Garnavillo Savings Bank PO [illegible] Garnavillo [illegible]	[illegible]	33.4
12/13/02	ID# CK#	Garnavillo Savings Bank [illegible] Garnavillo, Iowa 52049	[illegible]	21.4
12/30/02	ID# CK#	Clayton Co. Democrats Elkader Iowa 52043	Campaign donation to close account	4.38

SUB-TOTAL	$ 328.09
TOTAL *(If last page of this schedule)*	$ 328.09

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)(l).)

(for Schedule B)

P.O. Box 100
Garnavillo, Iowa 52049-0100
Phone: 563/964-2341
WATS: 888/294-2341

THE GARNAVILLO SAVINGS BANK

FDIC

EQUAL HOUSING LENDER

916 01 01

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
DEC 31 2002
FILED

15
0
2

HARRY E GIBBS
CLAYTON COUNTY SUPERVISOR
PO BOX 445
GARNAVILLO IA 52049-0445

REGULAR CHECKING
ACCOUNT: 334946

11/16/02 THRU 12/13/02
DOCUMENT COUNT: 2
PAGE 1

READY FOR SOME GREAT ADVENTURES? COME JOIN US IN 2003 FOR THESE SUPER TRIPS-RIVERDANCE, TIMBERWOLVES-MAVERICKS GAME, MACKINAC ISLAND, IRELAND AND FIRESIDE DINNER THEATRE. FOR MORE DETAILS ASK FOR DETAILS.

REGULAR CHECKING ACCOUNT 334946

DESCRIPTION	DEBITS	CREDITS	DATE	BALANCE
BALANCE LAST STATEMENT			11/15/02	32.58
CHECK	20.70		11/18/02	11.88
CHECK	7.50		12/10/02	4.38
SERVICE CHARGE	.20		12/13/02	4.18
SALES TAX	.01		12/13/02	4.17
BALANCE THIS STATEMENT			12/13/02	4.17

TOTAL CREDITS (0) .00 MINIMUM BALANCE 4.38
TOTAL DEBITS (4) 28.41

YOUR CHECKS SEQUENCED

DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT
11/18	*	20.70	12/10		7.50			

(*) INDICATES A GAP IN CHECK NUMBER SEQUENCE

- - - ITEMIZATION OF SERVICE CHARGE PAID THIS PERIOD - - -

TOTAL CHARGE FOR CHECKS: .20

- END OF STATEMENT -

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATI

Clayton

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

Notice of Dissolution

DEC 3 1 2002
FILED

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

FORM (Rev. 02/96)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only
Comm. # 17121
Indexed SW
Audited
Computer
Certified Date of Dissolution

COMMITTEE NAME

Official Name of Committee
Larry E Gibbs For County Supervisor

Street
605 Washington

City, State, Zip Code
Garnavillo IA 52049

Area Code Telephone
(563) 964-2178

Effective date of dissolution:
12-30-02, 19 2002

Dixie Willman
Signature of Treasurer

12-30-02
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.

Larry E. Gibbs
Signature of Candidate, Required for Candidate's Committee

12/30/02
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.