FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

For Office Use Only
Comm. # 17124
Indexed SW
Audited
Computer

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

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

Richard J. Lincoln — 563/659-5325 — 1-12-03

SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

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

JAN 21 2003
FILED

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JANUARY 19, 2003 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
CLINTON

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.) ..... $ 2178.03

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 771.61

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 ..... $ 2949.64

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 1852.93

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) ..... $ 1096.71

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ 20.00

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)

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

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

LINCOLN FOR SHERIFF

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
1/11/02	ID# CK#	INTEREST - FIRST TRUST + SAVINGS BANK P.O. BOX 220 WHEATLAND, IA 52777-0220		$ 1.79	
1/24/02	ID# 8262 CK# 1771	BRIDGE STRUCTUAL + ORNAMENTAL IRONWORKERS LOCAL 111 POLITICAL ACTION COMMITTEE C/O		$100.00	
—	ID# CK# —	IRONWORKERS LOCAL 111 8000 29TH ST WEST ROCK ISLAND, IL 61201		—	
2/12/02	ID# CK#	INTEREST		1.39	
3/12/02	ID# CK#	INTEREST		0.70	
4/12/02	ID# CK#	INTEREST		0.77	
5/10/02	ID# CK#	INTEREST		0.70	
6/12/02	ID# CK#	INTEREST		0.80	
7/4/02	ID# CK#	4TH OF JULY FUNDRAISER IN DEWITT TACOS, TACOS IN BAGS, NACHOS, SOFT DRINKS		461.50	✓
7/5/02	ID# CK#	SAM'S CLUB DAVENPORT, IA	RETURNED UNUSED ITEMS	16.98	
			SUB-TOTAL	$ 584.63	
			TOTAL *(if last page of this schedule)*	$	

* 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.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
514 EAST LOCUST, SUITE 104
DES MOINES, IA 50309-1912

Form
VERIFIED STATEMENT REGISTRATION
(Out-of-State Committees)
(Rev. 6/00)

For office use only
Comm. #
Indexed
Audited
Checked
Computer

VERIFIED STATEMENT REGISTRATION
(Out-of-State Committee)

FILED JAN 21 2002

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.
SEND ORIGINAL COPY TO THE BOARD AND
ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE.
PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym.)
BRIDGE STRUCTURAL & ORNAMENTAL IRONWORKERS LOCAL 111 P.A.C. #8262

Mailing Address
8000 29TH STREET WEST

City, State, Zip Code: ROCK ISLAND, ILLINOIS 61201
Area Code: (309) Telephone No.: 756-6614

TREASURER

Name of Treasurer: WILLIAM C WEAVER
Mailing Address: 9180 MINERAL ROAD
City, State, Zip Code: FENTON, ILLINOIS 61251
Telephone: (309) 659-2485

OTHER OFFICERS (Attach second page if needed)

Name of Chairperson: JOHN W WEILAND
Mailing Address: P.O. BOX 241
City, State, Zip Code: DAVENPORT, IOWA 52805
Telephone: (319) 322-7120

IOWA RESIDENT AGENT

Signature of Iowa Resident Agent: John W Weiland
Typed Name of Iowa Resident: JOHN W WEILAND
Mailing Address: P.O. BOX 241
City, State, Zip Code: DAVENPORT, IOWA 52805
Telephone: (319) 322-7120

PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE
(Use separate page if needed to list more than one entity)

Name:
Mailing Address:
City, State, Zip Code:

PURPOSE OF COMMITTEE: TO ELECT CANDIDATES THAT HAVE THE CONCERNS OF WORKING MEN AND WOMEN FOREMOST IN THEIR AGENDA

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

Name of Jurisdiction: STATE BOARD OF ELECTIONS
Mailing Address: 1020 SOUTH SPRING STREET
City, State, Zip Code: SPRINGFIELD ILLINOIS 62708
Telephone: ( )

IOWA COMMITTEE RECEIVING CONTRIBUTION

Name of Committee: LINCOLN FOR SHERIFF COMMITTEE
Mailing Address: 1024 SPRINGBROOK LANE DEWITT, IOWA 52742
Date: 1-14-2002
If In Kind Contribution, Describe:
Amount: $ 100.00

VERIFIED STATEMENT OF COMMITTEE:
I WILLIAM C WEAVER *swear that the contribution reported above is accurate. I further swear that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I attest that the reports filed in the named jurisdiction comply with requirements which are substantially similar to Iowa Code section 56.6, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account, which does not accept contributions from corporations or other prohibited contributors under Iowa Code section 56.15. I understand that Iowa committees are prohibited from accepting contributions from out-of-state committees unless a signed original of this form has been filed with the Iowa Ethics and Campaign Disclosure Board, or the out-of-state committee is registered and filing full disclosure reports in Iowa.*

William C Weaver — Treasurer — 1-14-2002
(Only Signature of Treasurer or Chairperson) (Title) (Date)

Subscribed and sworn before me this 14th day of January, 2002 at Rock Island, IL

My notary commission expires 3-19-2005 Rick V Welsh
Notary Public

"OFFICIAL SEAL"
RICK V. WELSH
Notary Public, State of Illinois
My Commission Expires 3-19-2003

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)*
LINCOLN FOR SHERIFF

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
7/5/02	ID# CK#	TPC CASH + CARRY 2160 E 53RD DAVENPORT, IA 52807	RETURN UNUSED ITEMS	$42.10	
7/5/02	ID# CK#	SEED MONEY FOR 7-4-02 FUNDRAISER RETURNED TO ACCOUNT		100.00	
7/4/02	ID# CK#	INCREASED DEPOSIT AT BANK MISCOUNTED BY $40.00 (TACO FUNDRAISER)		40.00	✓
7/12/02	ID# CK#	INTEREST		0.62	
8/12/02	ID# CK#	INTEREST		0.93	
9/12/02	ID# CK#	INTERST		0.93	
10/11/02	ID# CK#	INTEREST		0.87	
11/12/02	ID# CK#	INTEREST		0.92	
12/12/02	ID# CK#	INTEREST		0.61	
	ID# CK#				

SUB-TOTAL $ 186.98

TOTAL ***(if last page of this schedule)*** $ 771.61

* 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)*

LINCOLN FOR SHERIFF

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
1/25/02	ID# CK# 1094	RICK LINCOLN 1024 SPRINGBROOK LN DEWITT, IA 52742	REPAYMENT OF DEBTS/ OBLIGATIONS FROM SCHEDULE D	$1374.85
5/25/02	ID# CK# 1095	BARNES FOODLAND 622 10TH ST DEWITT, IA 52742	TACO MEAT FOR 7-4-02 FUNDRAISER	47.50
5/25/02	ID# CK# 1096	BARNES FOODLAND 622 10TH ST DEWITT, IA 52742	TACO SEASONING	14.16
6/18/02	ID# CK# 1097	VOID	—	0
6/18/02	ID# CK# 1098	ECONOFOOD 1620 LINCOLNWAY CLINTON, IA 52732	PEPSI, DIET PEPSI, MT DEW, SPRITE	75.71
7/1/02	ID# CK# 1099	DOLLAR STORE 318 E 11TH ST DEWITT, IA 52742	NAPKINS, TABLE CLOTH	10.70
7/1/02	ID# CK# 1100	WALMART 2715 S 25TH ST CLINTON, IA 52732	BOTTLED WATER	24.93
7/1/02	ID# CK# 1101	TPC CASH + CARRY 2160 E 53RD DAVENPORT, IA 52807	TACO SHELLS, NACHO CHEESE, FOOD TRAYS, CUPS	68.05
			SUB-TOTAL	$ 1615.90
			TOTAL ***(If last page of this schedule)***	$

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 **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)*
LINCOLN FOR SHERIFF

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
7/1/02	ID# CK# 1102	SAM'S CLUB 3887 ELMORE AVE DAVENPORT, IA 52807	DORITO NACHO CHIPS, CHEDDER CHEESE, SHELLS, CHIPS, CHEESE SAUCE	$ 79.25
7/1/02	ID# CK# 1103	VOID	—	0
7/2/02	ID# CK# 1104	SHEFFINGTON'S 617 6TH AVE DEWITT, IA 52742	GROUND BEEF FOR TACO FUNDRAISER	11.12
7/3/02	ID# CK# 1161	TTC CASH + CARRY 2160 E 53RD ST DAVENPORT, IA 52807	TACO SHELLS SHREDDED LETTUCE	32.98
7/3/02	ID# CK# 1162	SAM'S CLUB 3887 ELMORE AVE DAVENPORT, IA 52807	SOFT SHELLS PARADE CANDY	8.33
7/3/02	ID# CK# 1163	CASH — FIRST CENTRAL 914 6TH AVE DEWITT, IA 52742	SEED MONEY FOR CASH BOX FUNDRAISER	100.00
7/12/02	ID# CK#	FIRST TRUST + SAVINGS P O BOX 220 WHEATLAND, IA 52777	BANK SERVICE CHARGE	5.00
	ID# CK#	SAME	TAX ON CHECKING ACCOUNT	0.35

SUB-TOTAL $ 237.03

TOTAL ***(if last page of this schedule)*** $ 1852.93

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)*
LINCOLN FOR SHERIFF

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
7/4/02	MIKE DEVINE 1133 BROOKVIEW DRIVE DEWITT, IA 52742		ICE	$ 20.00	✓
			SUB-TOTAL	$	
			TOTAL (if last page of this schedule)	$ 20.00	

*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.