FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 03/2003)	DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Re-elect Tim Scott

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: TIMOTHY E. SCOTT
Political Party: _____
Office Sought: City Council
District (If Senate or House): _____

OCT 30 2003

SIGNATURE OF TREASURER (or person filing this report) — TELEPHONE: 319-752-8245 — DATE SIGNED: 10-30-03

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 10-30-03 (report date) REPORT FOR AN/A (1) 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: 11-04-03
County & Local Committees, enter County in which Election is held: DES MOINES

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.)	$ 2236.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	555.00
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	$ 2791.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	2098.74
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)	$ 692.26

UNPAID BILLS (From Schedule D - Attach Schedule D)	$
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)	$ 533.25
***OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)	$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ___ YES X NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

For Instructions, See Back of Form

Reset 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)*
Committee to Re-Elect Tim Scott

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
09/29/03	ID# CK# 28691	BRUNK, Larry 320 N. 3rd St. Burlington, IA 52601		$100.00	☑
09/29/03	ID# CK# 3834	WILSON, Dennis 2309 West Ave. Burlington, IA 52601		50.00	☑
10/09/03	ID# CK# 6201	WILSON, Bobby 2429 Herman Ave BURLINGTON, IA 52601		100.00	☑
10/30/03	ID# CK# 11053	PILGRAM, Norm 625 Valley St. BURLINGTON, IA 52601		50.00	☑
9/29/03	ID# CK#	Unitemized Contributions		10.00	☐
10/02/03	ID# CK#	Unitemized Contributions		45.00	☐
10/06/03	ID# CK#	Unitemized Contributions		25.00	☐
10/09/03	ID# CK#	Unitemized Contributions		75.00	☐
10/10/03	ID# CK#	Unitemized Contributions		25.00	☐
10/22/03	ID# CK#	Unitemized Contributions		25.00	☐
			SUB-TOTAL	$505.00	
			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.

For Instructions, See Back of Form

Reset 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)*

Committee to Re-Elect Tim Scott

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
10/25/03	ID# CK#	Unitemized Contributions.		$ 50.00	☑
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$	
			TOTAL *(If last page of this schedule)*	$ 555.00	

* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)*
Committee to Re-Elect Tim Scott

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
SCHD 10-02 ✓ 9/29/03	ID# CK# 101	Craftsman Press Inc P.O. Box 699 Burlington, IA 52601	Yard Signs - 275 Pcs. Wires - 270 Pcs.	$ 557.74
SCHD 10/02 ✓ 9/29/03	ID# CK# 102	KBUR/KGRS P.O. Box 70 Burlington, IA 52601	Campaign Ads for fund raiser	100.00
SCHD 10/02 ✓ 9/29/03	ID# CK# 103	KCPS 208 Jefferson St. Burlington, IA 52601	Campaign Ads for fund raiser	61.50
10/01/03	ID# CK# 104	KBUR/KGRS P.O. Box 70 Burlington, IA 52601	October Radio Spots	347.50
10/01/03	ID# CK# 105	KBUR/KGRS P.O. Box 70 Burlington, IA 52601	Weather Channel 9 Video Ads.	250.00
10/02/03	ID# CK# 106	The Hawkeye 800 S. Main Street Burlington, IA 52601	Print Ads 10/3 – 10/7	65.60
10/15/03	ID# CK# 107	The Hawkeye 800 S. Main St. Burlington, IA 52601	Print Ads	41.20
10/15/03	ID# CK# 108	State of IA 514 E. Locust St. #104 Des Moines IA 50309	LATE FILING FEE OF OCT 2/03 REPORT	20.00
			SUB-TOTAL	$ 1443.54
			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

Reset 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)*
Committee to Re Elect Tim Scott.

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
10/24/03	ID# CK# 109	The Shopper Spree 3208 Division St. Burlington IA 52601	10/28 Campaign Ad (Full page)	$572.20
10/27/03	ID# CK# 110	Postmaster General West Burlington IA 52655	Postage	83.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL *(if last page of this schedule)*	$2098.74

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)

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)*
Committee to Re-Elect Tim Scott

Reset 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
09/03/03	Mark Ervine 712 North St. Burlington, IA 52601		(Staples) Office Supplies	$ 89.91	☐
09/09/03	Mark Ervine 712 North St. Burlington, IA 52601		Campaign Buttons	21.50	☐
09/09/03	Anne Ervine 712 North St. Burlington, IA 52601		Postage 400 @ 37¢	148.00	☐
10/30/03	Tim Scott 2017 S. 15th St. Burlington, IA 52601		Postage 400 @ 23¢	92.00	☐
10/26/03	Tim Scott 2017 S. 15th St. Burlington, IA 52601		(Target) Office Supplies	36.77	☐
10/28/03	Tim Scott 2017 S. 15th St. Burlington, IA 52601		Print Out of Voters' List	20.07	☐
10/30/03	Mark Ervine 712 North St. Burlington, IA 52601		Campaign Office Rent	125.00	☐
					☐
					☐
					☐

SUB-TOTAL $

TOTAL (If last page of this schedule) $ 533.25

*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.

Page 1 of 1 (for Schedule E)