

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Tom K. Bice For Marion City Council

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

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ **NOV 12 2003** District (if Senate or House) _____

Trudy M. Stevenson

~~11-8-03~~ (319)373-1100 11-8-03

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 days prior to election report _____ REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date)

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 <u>11/4/03</u>
County & Local Committees, enter County in which Election is held <u>Linn</u>

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.)	\$ 0
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	729.54
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 \$	729.54
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	606.87
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)	\$ 122.67

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 430.00
**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

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> 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)
Tom K. Bice For Marion City Council

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
9/23/03	ID# CK#	B. D. Cooper 3762 Cottage Reserve Rd. NE Solon, IA 52333		\$100	<input type="checkbox"/>
9/23/03	ID# CK#	Jeff Knott 1815 39 St. Marion, IA 52302		49.54	<input type="checkbox"/>
9/24/03	ID# CK#	Trudy Stenersen 1780 39th St. Marion, IA 52302		50.00	<input type="checkbox"/>
9/30/03	ID# CK#	Dale Monroe 1140 Indian Creek Circle Marion, IA 52302		25.00	<input type="checkbox"/>
10/1/03	ID# CK#	S. J. Wells 925 15th Ave. Marion, IA 52302		50.00	<input type="checkbox"/>
10/1/03	ID# CK#	Tom Bice P.O. Box 561 Marion, IA 52302		50.00	<input type="checkbox"/>
10/2/03	ID# CK#	Judith Farrell 3435 Whitehall Ave. Marion, IA 52302		25.00	<input type="checkbox"/>
10/6/03	ID# CK#	Dave House 2235 Windsor Ct. Marion, IA 52302		40.00	<input type="checkbox"/>
10/6/03	ID# CK#	Sue Wagoner 3400 Crown Ave. Marion, IA 52302		40.00	<input type="checkbox"/>
10/6/03	ID# CK#	K. M. Bice P.O. Box 561 Marion, IA 52302		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 479.54	
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). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> 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)
Tom K. Bice For Marion City Council

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
10/6/03	ID# CK#	Richard Bice 2980 1st Ave. Marion, IA 52302		\$100.00	<input type="checkbox"/>
10/9/03	ID# CK#	J. D. Schlotterback 2420 Indian Creek Rd. Marion, IA 52302		50.00	<input type="checkbox"/>
10/9/03	ID# CK#	Steve Jensen Marion, IA 52302		50.00	<input type="checkbox"/>
10/14/03	ID# CK#	Bob Carlson 3485 Royal Ave. Marion, IA 52302		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 250.00	
TOTAL (if last page of this schedule)				\$ 729.54	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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)
Tom K. Bice For Marion City Council

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
10/7/03	ID# CK# 100	Feiereisen, Inc. 5203 16th Ave. SW Cedar Rapids, IA 52404	Door Hangers	\$ 60.00
10/9/03	ID# CK# 101	Leap Frog Graphics 1814 E. Ave. NE Cedar Rapids, IA 52402	Signs	516.87
10/15/03	ID# CK# 102	Kristy Houkomp	Sign Design	30.00
	ID# CK#			
SUB-TOTAL				\$ 606.87
TOTAL (if last page of this schedule)				\$ 606.87

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 68A.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
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SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
10-31-03	Jay Johnson 1080 East Post Rd., Marion, IA 52302	Niece	DISCOUNTED DOOR HANGERS	\$ 430.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 430.00	
TOTAL (if last page of this schedule)				\$ 430.00	

*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.