

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

Lian

FORM DR-2 (Rev. 03/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	21177
Logged in	sb
Scanned	7-1-03
Computer	sb
Audited	sb

COMMITTEE NAME (Must be same as on Statement of Organization)
SPOT (STOP PUSHING OPTION TAXES)

IMPORTANT: Indicate type of committee you are reporting for: 6

(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 _____ District (if Senate or House) _____

Burton L. Martin 319/364-7034 6-27-03
 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:

AM FILING A July 1, 2003 REPORT FOR ANA (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
6-10-03
 County & Local Committees, enter County in which Election is held
LINN

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.)	\$	<u>719.59</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>265.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>-0-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>-0-</u>
<i>(Schedule H applies to Candidates' Committees Only)</i>		
SUB-TOTAL	\$	<u>984.59</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>826.48</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>-0-</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>158.11</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>-0-</u>
IN-KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>18.00</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>100.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <u>NO</u>
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)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
SPOT (STOP PUSHING OPTION TAKES)

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
6/01/03	ID# CK# 1163	GREGORY A. HAPPEL ANDREA HAPPEL 619 BARTLETT COURT NW CEDAR RAPIDS, IA 52405		\$ 50.00	<input type="checkbox"/>
6/01/03	ID# CK# 1064	D + D INVESTMENTS DANNY OR DIANE LUCORE 5508 TWING KNOLLS DR. NE CEDAR RAPIDS, IA 52402		50.00	<input type="checkbox"/>
6/01/03	ID# CK# CASH	UNITEMIZED CONTRIBUTIONS BUTTON SALES		35.00	<input checked="" type="checkbox"/>
6/3/03	ID# CK# CASH	SHERRY ARBUCKLE 99 16TH AVE SW CEDAR RAPIDS, IA 52403		120.00	<input type="checkbox"/>
6/20/03	ID# CK#	LOIS LARSON 358 GARDEN DR. SE CEDAR RAPIDS, IA 52403		10.00	<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"/>
SUB-TOTAL				\$ 265.00	
TOTAL (if last page of this schedule)				\$ 265.00	

* 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
<input type="checkbox"/> 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)
SPOT (STOP PUSHING OPTION TAKES

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
6/01/03	ID# CK# 1004	POSTMASTER 1440 32ND ST NE CEDAR RAPIDS, IA 52402	POSTAGE STAMPS	\$ 11.73
6/02/03	ID# CK# 1006	BURLINGTON TRAILWAYS 145 TRANSTWAY SE CEDAR RAPIDS, IA 52403	TROLLEY RENTAL CAMPAIGN TOUR OF CEDAR RAPIDS	170.00
6/02/03	ID# CK# 1007	KMRV RADIO 1957 BLAIRS FERRY RD NE CEDAR RAPIDS, IA 52402	RADIO ADS	220.00
6/02/03	ID# CK# 1008	WMT RADIO 600 OLD MARIOW RD NE CEDAR RAPIDS, IA 52402	RADIO ADS	220.00
6/04/03	ID# CK# 1009	DRUGTOWN 1440 OLD MARIOW RD NE CEDAR RAPIDS, IA 52402	FAX TRANSMISSION STATE REPORT IECDB JUNE 4, 2003	5.25
6/23/03	ID# CK# 1010	FRANK KIDG 816 E AVE NW CEDAR RAPIDS, IA 52405	REIMBURSEMENT FOR CAMPAIGN LITERATURE PRINTING (KINKO)	31.50
6/23/03	ID# CK# 1011	MONROE SCREENPRINTERS 4580 J ST SW CEDAR RAPIDS, IA 52404	BUMPER STICKERS	168.00
	ID# CK#			
SUB-TOTAL				\$ 826.48
TOTAL (if last page of this schedule)				\$ 826.48

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 56.8(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

SPOT (STOP PUSHING OPTION TAXES)

Reset Form

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
6/23/03	FLOYD DAVID 2900 WESTWOOD DR NW CEDAR RAPIDS, IA 52405		WEB PAGE SERVICES	\$ 18.00	<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 \$ 18.00
 TOTAL (if last page of this schedule) \$ 18.00

*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.

Reset Form

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
SPOT (STOP PUSHING OPTION TAXES)

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 100.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$ -0-

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ -0-

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD S/B \$ 100⁰⁰

*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 when it applies.