

Marion

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	_____
Indexed _____	_____
Audited _____	_____
Computer _____	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Dezwarte

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

Suanne Dezwarte 644-842-4850
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

1-16-03
 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 JAN 21, 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
MARION

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.) \$ 1997⁹³

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 250⁰⁰

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 \$ 2247.93

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 492.80

Schedule F: Loan Repayments total (Attach Schedule F)..... 1755.13

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)..... \$ _____

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ _____

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
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee to Elect DeZwarte

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
12/12/02	ID# CK#	Marion County Democrats		\$ 150 ⁰⁰	
11/12/02	ID# CK#	Unitemized Contributions		100 ⁰⁰	
	ID# CK#				

SUB-TOTAL \$ 250⁰⁰

TOTAL (if last page of this schedule) 250⁰⁰

* 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

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
Committee to Elect DeZwarte

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
	ID# CK# 1024	Postmaster 201 E Main Knoxville IA	2nd 1/2 Bulk Mailing Permit	\$ 150.00
	ID# CK# 1025	Home town News Knoxville	Advertising	40.00
	ID# CK# 1026	Journal Express Knoxville IA	Advertising	112.00
	ID# CK# 1027	Town Crier Pella Iowa	Advertising	90.00
	ID# CK# 1028	Pella Printing Inc 739 Franklin Pella IA	Hand out - Cards	100 ⁸⁰
	ID# CK# 1029			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 492 ⁸⁰
TOTAL (if last page of this schedule) \$ 492 ⁸⁰

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).)

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Elect DeZwarte

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
10/20/02	Dave Schrader Monroe IA		Printed Labels	\$ 59.59	
10/24/02	Luanne DeZwarte	Self	Carter Printing Postcards	1028.20	
10/25/02	Luanne DeZwarte	Self	Postmaster Postage	2825.71	
1/16/03	Luanne DeZwarte	Self	Loan forgiven	1244.87	

SUB-TOTAL \$ 5158.37
 TOTAL (if last page of this schedule) \$ 5158.37

*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.

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect DeZwarte

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3000.00

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.)

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

TOTAL (PART I) \$ _____

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

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
1/16/03	Luanne DeZwarte 1624 Hwy 644 Knoxville IA 50138	Same	\$ 1755.13

TOTAL CASH REPAYMENTS (PART II) 1755.13

From Schedule E -- TOTAL LOANS FORGIVEN \$ 1244.87

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ - 0 -

*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.

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

Notice of Dissolution

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

COMMITTEE NAME

Official Name of Committee		
Committee to Elect DeZwarte		
Street		
1674 Hwy 644		
City, State, Zip Code		
Knoxville, IA 50138		
Area Code	Telephone	
641	842-4850	

Marion

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	_____
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

Effective date of dissolution:

1-16, 2003

Patricia DeZwarte
Signature of Treasurer

1-16-03
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.

Suzanne DeZwarte
Signature of Candidate - Required for Candidate's Committee

1-16-03
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.