

Marshall

DISCLOSURE SUMMARY PAGE

JAN 15 2003

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17290</u>
Indexed	<u>SW</u>
Audited	_____
Computer	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
Crawford For County Attorney

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

David Henry 641-753-6268
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

1-19-03
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 19, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

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

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.)\$ 1254.42

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 486.19

Schedule F: Loans Received total (Attach Schedule F)..... 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 1740.61

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 1708.97

Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 31.64

UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$ <u>0.00</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....	\$ <u>0.00</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$ <u>0.00</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

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

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)

Crawford For County Attorney

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
10-22-02	ID# CK# 10248	Best Puma 106 College View Lane Mtawn 50158		\$ 50. ⁰⁰	
	ID# CK# 3962	Mary E Richards 12124 Basset Lane Reston, Virginia 20191-2602		50. ⁰⁰	
	ID# CK# 2343	Richard Klaessy 3110 S. 14th St. Mtawn 50158		25. ⁰⁰	10-23-2
	ID# CK# C	Pete & Grady 106 E Lincoln Mtawn 50158		100. ⁰⁰	
	ID# CK# C	Tim & Shirley Fesulath P.O. Box 41 Haverhill 50120		50. ⁰⁰	
10-29-02	ID# CK#	Tony Almgast 300 E State Clairinda 51632		25. ⁰⁰	
	ID# CK# 1016	Gayle Strickler 222 Pleasantview Rd Mtawn 50158		25. ⁰⁰	10-30-0
	ID# CK# 6354	Kim Smith 205 N. Ck Mtawn 50158		20. ⁰⁰	
	ID# CK# 5171	Kathryn Wisecourse 2304 Wakefield Dr. Mtawn 50158		25. ⁰⁰	
10-31-02	ID# CK# DVD	Lennax Employees Credit Union 1004 E Main Mtawn	DVD	1. ¹⁹	10-31-2
SUB-TOTAL				\$ 371. ¹⁹	
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.

SCHEDULE	
A (Rev. 06/97)	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)
Crawford For County Attorney

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11-6-02	ID# CK# 10169	John & Carol Haney 1401 S. Ct Mtawn 50158		\$ 25 ⁰⁰	↓ 11-7-2
	ID# CK#	Robert Weiss 1111 W. Nevada St. Mtawn 50158		50 ⁰⁰	
	ID# CK# C	Chris Clausen 1904 S. 4th Ave. Mtawn 50158		20 ⁰⁰	
	ID# CK# C	Numerous individuals contributing \$10 ⁰⁰ or less each		20 ⁰⁰	
	ID# CK#				

SUB-TOTAL \$ 115⁰⁰
TOTAL (if last page of this schedule) \$ 486.¹⁹

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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)
Crawford For County Attorney

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
10-18-02	ID# CK# 1008	Paul Crawford 910 W Main Mtairn 50158	Reimburse Penny Sewer ad	\$ 119. ⁴⁰
10-27-2	ID# CK# 1009	Marshall City Democrats P.O. box 152 Mtairn 50158	Candidate group ad	97. ²²
10-29-2	ID# CK# 1010	Times Republican 135 W. Main Mtairn 50158	Candidate ad	115. ²⁸
10-30-2	ID# CK# 1011	Times Republican "	Candidate ad	489. ⁹⁴
11-17-2	ID# CK# 1012	King Graphics 1831 Prairie Ave. Mtairn 50158	layout ads for newspaper	175. ⁰⁰
11-17-2	ID# CK# 1015	1013 + 1014 Void Paul Crawford	Reimburse Postage + #10 envelopes	45. ⁰⁰
11-17-2	ID# CK# 1016	Paul Crawford	Reimburse 300 Stamps @ 37	111. ⁰⁰
11-18-2	ID# CK# 1019	1017 + 1018 Void Carter Print 1739 East Grand Ave. Des Moines 50316	100 Yard Signs	511. ⁹⁸
SUB-TOTAL				\$ 1664. ⁸⁷
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).)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
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11-18-2	ID# CK# 1020	Paul Crawford 910 West Main Mt Pleasant 50158	Reimburse Postage	\$ 44 ¹⁰
	ID# CK#			
SUB-TOTAL				\$ 44 ¹⁰
TOTAL (if last page of this schedule)				\$ 1708. ⁹⁷

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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).)