FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM **DR-2** (Rev. 01/2003) — DISCLOSURE REPORT

For Office Use Only
Comm. # 17461
Indexed ob
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Scott Masters for Supervisor

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: Scott Masters
Political Party: Republican
Office Sought: Monona County Supervisor
District (if Senate or House):

JAN 21 2003

Denise M. Masters — SIGNATURE OF TREASURER (or person filing this report)
712-882-2509 — TELEPHONE
1-17-03 — 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 1/21/03 (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: 11/4/02
County & Local Committees, enter County in which Election is held: Monona County

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.) $	135.73
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	25.00
Schedule F: Loans Received total (Attach Schedule F)	5.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	—
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	165.73
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	165.18
Schedule F: Loan Repayments total (Attach Schedule F)	.55
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) $	0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) $	551.35
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) $	0

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

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)*
Scott Masters for Supervisor

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
10/24/02	ID# CK#	Gilbert & Mary Smith 309 Bertram St. Whiting, IA 51063	N/A	$ 25.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 25—	
			TOTAL *(If last page of this schedule)*	$ 25—	

* 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.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF 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)*
Scott Masters for Supervisor

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
10/21/02	ID# Our checks CK# have no #'s - still	DiscoverCard Services	Printing brochures at Copy Quik	$ 106.71
10/21/02	ID# using bank CK# "starter pack"	Mapleton Press 504 Main St Mapleton, IA 51034	Advertisement in paper	28.00
11/4/02	ID# CK#	Mapleton Press 504 Main St. Mapleton, IA 51034	Advertisement in paper	14.00
11/4/02	ID# CK#	Ryan Publishing 621 Whittier St. Whiting IA 51063	Advertisement in paper	15.40
11/14/02	ID# CK#	Valley Bank + Trust 401 Main St. Mapleton, IA 51034	Bank Account Service Charge	1.07
12/10/02	ID# CK#	Scott Masters 14786 Pine Ave. Mapleton IA 51034	Loan Repayment	.55
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 165.73

TOTAL *(If last page of this schedule)* $ 165.73

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).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Scott Masters for Supervisor

SCHEDULE E (Rev. 08/97) IN KIND CONTRIBUTIONS

☐ 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
10/29/02	Monona County Republicans c/o Ruth Jordan, treasurer Turin, IA 51059	N/A	newspaper ads	$ 281.90	
12-21-02	Scott Masters 14786 Pine Avenue Mapleton, IA 51034	Same	forgiven loans	269.45	

SUB-TOTAL $

TOTAL (if last page of this schedule) $ 551.35

*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)

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Scott Masters for Supervisor

SCHEDULE F (Rev. 08/98)	LOANS RECEIVED & REPAID

☐ 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 $ 289.45
(269.45)

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
11-5	Scott Masters 14786 Pine Ave. Mapleton, IA 51034	Same	$ 5.00

TOTAL *(PART I)* $ 5.00

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
12-10	Scott Masters 14786 Pine Avenue Mapleton, IA 51034	Same	$ .55

TOTAL CASH REPAYMENTS *(PART II)* $ _____
From Schedule E – TOTAL LOANS FORGIVEN $ 269.45
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.

Page 1 of 1
(for Schedule F)

Notice of Dissolution

FORM (Rev. 07/02)
DR-3
NOTICE OF DISSOLUTION

For Office Use Only
Comm. # 17461
Indexed ob
Audited
Computer
Certified Date of Dissolution

JAN 21 2003

COMMITTEE NAME

Scott Masters for Supervisor
Official Name of Committee

14786 Pine Avenue.
Street

Mapleton, Iowa 51034
City, State, Zip Code

(712) 882-2509
Area Code Telephone

WHEN TO FILE:
The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Denise M. Masters, treasurer
Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-17-03
Date Signed

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