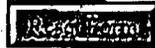


Monona

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 03/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<i>21157</i>
Logged in	<i>ab</i>
Scanned	
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens For Library Expansion

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) _____

Person Jackson Treasurer
SIGNATURE OF TREASURER (or person filing this report)

712-423-2121
TELEPHONE

3-20-03
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 *5 days prior to Election* 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
March 25, 2003

County & Local Committees, enter County in which Election is held
Monona

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.) \$ *0.00*

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) *\$585.00*

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 \$ *585.00*

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... *442.97*

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) *3/15/03* \$ *142.03*

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ *331.63*

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ *0.00*

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ *0.00*

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) *N/A* YES ___ NO ___

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ *n/a*

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)



SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens For Library Expansion

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/YYR)	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
02/24/03	ID# CK#	Unitemized		\$ 10.00	<input type="checkbox"/>
03/04/03	ID# CK#	Unitemized		180.00	<input type="checkbox"/>
03/01/03	ID# CK# 2390	Mali Fox 20553 Carpenter Memorial Rd Tama, IA 51059		10.00	<input type="checkbox"/>
03/01/03	ID# CK# 6382	Jeanne Hall 1110 9th St Oswego, IA 51040		10.00	<input type="checkbox"/>
2-26-03	ID# CK# 4003	Geri Johnson 1714 16th St Oswego, IA 51040		10.00	<input type="checkbox"/>
03/01/03	ID# CK# 2506	Wanda Heisterkamp 27088 County Highway E60 Blencoe, IA 51523-4024		30.00	<input type="checkbox"/>
03/01/03	ID# CK# 3695	Sharon L. Taylor 21202 Orange Ave Creston, IA 51010		10.00	<input type="checkbox"/>
03/01/03	ID# CK# 6003	John Noer 807 4th St Oswego, IA 51040		20.00	<input type="checkbox"/>
03/10/02	ID# CK#	Unitemized		225.00	<input type="checkbox"/>
03/11/02	ID# CK#	Unitemized		70.00	<input type="checkbox"/>
SUB-TOTAL				\$ 575.00	
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.

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)

Citizens For Library Expansion

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/YYR)	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
03/10/03	ID# CK# 10849	Beverly Purchase 1211 11th St Apt 6 Ankwa, IA 51040		\$ 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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

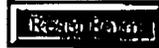
\$ 10.00

TOTAL (if last page of this schedule)

\$ 585.00

* 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



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)
Citizens for Library Expansion

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03/11/03	ID# CK# 1001	Vanden Hull Printing & more 407 10th St. Onawa Ia	Copies	\$391. ⁰³
03/13/03	ID# CK# 1002	Ryan Publishing 621 Whittier St. Whiting Ia	2 Ads - (Newspaper)	51.35
	ID# CK#			
SUB-TOTAL				\$ 442.97
TOTAL (If last page of this schedule)				\$ 442.97

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)

Citizens For Library Expansion

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
Mar. 1	Onawa Sentinel 1014 9th St. Onawa IA 51040	Newspaper Ad	\$ 21.00
Mar. 7	Onawa Sentinel 1014 9th St. Onawa IA 51040	Newspaper Ad	\$ 31.50
Mar. 14	Onawa Sentinel 1014 9th St. Onawa IA 51040	2 Newspaper Ads	\$ 118.13
Mar. 7	Onawa Democrat 720 Iowa Ave Onawa, IA 51040	Newspaper Ad	\$ 20.00
Mar. 14	Onawa Democrat 720 Iowa Ave Onawa, IA 51040	2 Newspaper Ads	\$ 141.00
SUB-TOTAL			\$ 331.63
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 331.63

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE: *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

MAR 20 2003

FAX TO 515-281-3701

FAX MESSAGE—6 SHEETS (including this one)

TO: SUE BROWN

COUNTY/LOCAL AUDIT & COMPLIANCE

FIRST REPORT FILING..5days prior to Election.

March 20, 2003

Sue Brown
County/Local Audit & Compliance
514 East Locus St., Suite #104
DesMoines, Iowa 50309-1912

Sue,

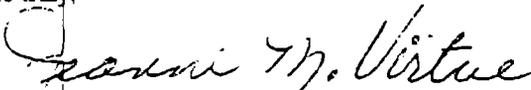
Attached please find fax copy of our report This is the first report we have prepared and hope we have attached all the necessary forms.

Please let us know if we have missed something. Call Peg Ingram at number given or contact me at numbers below.

I understand that our next report will be due April 1, as this is the first of the month after our March 25th election.

Thank you in advance for your help.

Yours truly,



Jeanne M. Virtue.. Chairman, Citizens for Library Expansion.
Onawa, Iowa
712-423-1259
jmvirtue@willinct.net