

7000 1670 0005 0411 9440572 Muscatine

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

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: Gary Allison, Political Party: Republican
Office Sought: County Attorney, District (if Senate or House):

FORM DR-2 DISCLOSURE REPORT
For Office Use Only
Comm. # 17301
Indexed 00
Audited
Computer

JAN 13 2003

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE 563-263-0678

DATE SIGNED 1-10-03

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 December 31, 2002 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
November 5, 2002
County & Local Committees, enter County in which Election is held
Muscatine

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.) \$ 8,840.65
ADD TOTAL MONEY TAKEN IN THIS PERIOD
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1,180.42
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.....\$ 10,021.07
SUBTRACT TOTAL MONEY SPENT THIS PERIOD
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 10,021.07
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) \$ None

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ None
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ None
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ None

CANDIDATE COMMITTEES ONLY:
CONSULTANT BREAKDOWN (Schedule G Attached?) YES X NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ None

For Instructions, See Back of Form

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)

Citizens for Allison

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
10/16/02	ID# CK#	Joel Hetzler 118 Emerald Lane Fruitland, IA 52749		\$ 50.00	
10/15/02	ID# CK#	Floyd Newcomb, Jr. 2716 Isett Avenue Muscatine, IA 52761		100.00	
10/16/02	ID# CK#	Rita Fox 1738 Taylor Avenue Muscatine, IA 52761		50.00	
10/16/02	ID# CK#	John A. Schwandke 307 Myrtle Lane Muscatine, IA 52761		200.00	
10/17/02	ID# CK#	Patricia Collins 2022 Fair Acres Dr. Muscatine, IA 52761		30.00	
10/27/02	ID# CK#	Perry Rodocker 1220 Country Hts Lane West Liberty, IA 52776		30.00	
10/18/02	ID# CK#	Jane Hodge 3321 Spinning Wheel Ct. Muscatine, IA 52761		50.00	
10/22/02	ID# CK#	Gerald Denning 1146 Oakes Dr. Iowa City, IA 52245		200.00	
10/22/02	ID# CK#	R. Craig Oppel 1803 Cedar St. Muscatine, IA 52761		200.00	
11/01/02	ID# CK#	Wilton-Durant Advocate 410 Cedar St. Wilton, IA 52778	(Refund of Ad)	224.00	
SUB-TOTAL				\$ 1,134.00	
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

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)
Citizens for Allison

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
10/31/02	ID# CK#	Jay Schweitzer 23278 - 145th St. Columbus Jct., IA 52738		\$ 25.00	
12/5/02	ID# CK#	Muscatine Journal 301 E. 3rd St. (Refund - Muscatine, IA 52761 of Ad)		21.42	
	ID# CK#				

SUB-TOTAL \$ 46.42

TOTAL (if last page of this schedule) \$ 1,180.42

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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)

Citizens for Allison

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
10/16/02	ID# CK# 1008	KWPC 3218 Mulberry Avenue Muscatine, IA 52761	Radio Advertising	\$ 952.56
10/22/02	ID# CK# 1009	United States Post Office Muscatine, IA 52761	Stamps	37.00
10/23/02	ID# CK# 1010	KWPC 3218 Mulberry Avenue Muscatine, IA 52761	Radio Advertising	148.50
10/23/02	ID# CK# 1011	Muscatine Journal 301 E. 3rd St. Muscatine, IA 52761	Newspaper Advertising	509.40
10/25/02	ID# CK# 1012	Wilton-Durant Advocate 410 Cedar St. Wilton, IA 52778	Newspaper Advertising	224.00
10/25/02	ID# CK# 1013	West Liberty Index P.O. Box 96 West Liberty, IA 52776	Newspaper Advertising	220.00
10/31/02	ID# CK# 1014	Muscatine Journal 301 E. 3rd St. Muscatine, IA 52761	Newspaper Advertising	449.82
11/11/02	ID# CK# 1015	OP Printing P.O. Box 747 Muscatine, IA 52761	Postcard Mailer, plus Postage	2,722.15
SUB-TOTAL				\$ 5,263.43
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
<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)
Citizens for Allison

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# 1016 (VOID)	(VOID)		\$
11/11/02	ID# CK# 1017	OP Printing P.O. Box 747 Muscatine, IA 52761	Postcard Mailer, plus Postage	2,722.15
12/27/02	ID# CK# 1018	OP Printing P.O. Box 747 Muscatine, IA 52761	Postcard Mailer, plus Postage	1,742.31
12/27/02	ID# CK# 1019	Gary Allison 2671 Northwold Dr. Muscatine, IA 52761	Reimbursement of Expenses of Campaign Fund Raiser, and Misc. Items	293.18
	ID# CK#			
SUB-TOTAL				\$ 4,757.64
TOTAL (if last page of this schedule)				\$ 10,021.07

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).)

Muscatine

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

FORM	(Rev. 02/96)
DR-3	
NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	<u>17301</u>
Indexed	<u>SW</u>
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

Notice of Dissolution

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

COMMITTEE NAME

JAN 13 2003

Official Name of Committee		
Citizens for Allison		
Street		
2671 Northwood Drive		
City, State, Zip Code		
Muscatine, IA 52761		
Area Code	Telephone	
(563)	263-1960	

Effective date of dissolution:

December 31, ~~19~~ 2002

[Handwritten Signature]

Signature of Treasurer

1-10-03

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.

[Handwritten Signature]
Signature of Candidate - Required for Candidate's Committee

[Handwritten Date]
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.