

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

JAN 15 2003

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17302
Indexed	<i>rn</i>
Audited	
Computer	<i>sb</i>

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-elect Dorothy Fitchner

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

Karen E. Miller 563-264-8567
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

1-10-03
 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 January 19th 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
Nov. 5, 2003
 County & Local Committees, enter County in which Election is held
Muscatel 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.) \$ 121.27

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

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 \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 121.27

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)..... \$ 0.00

UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ _____

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)..... \$ 56.15

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) \$ _____

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)
Committee to Re-elect Dorothy Fitchner

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
<i>10-18-02</i>	ID# CK# <i>1011</i>	<i>West Liberty Index West Liberty, IA 52776</i>	<i>Thank you Ad</i>	<i>\$ 22.00</i>
<i>10-18-02</i>	ID# CK# <i>1012</i>	<i>Advocate News 410 Cedar Wilcox, IA 52778</i>	<i>Thank you Ad</i>	<i>37.50</i>
<i>10-24-02</i>	ID# CK# <i>1013</i>	<i>Muscatine Journal 301 E. 3rd St. Muscatine, IA 52761</i>	<i>Thank you Ad</i>	<i>61.77</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 121.27</i>
TOTAL (if last page of this schedule)				<i>\$ 121.27</i>

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
Cert. 7002-2410-0006-2115-5107

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>17302</u>
Indexed	_____
Audited	_____
Computer	_____ <i>sb</i>
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

Official Name of Committee	
<u>Committee to Re-elect Dorothy Fitchner</u>	
Street	
<u>1108 Orange St., Muscatine, IA 52761</u>	
City, State, Zip Code	
<u>Muscatine, Iowa 52761</u>	<u>52761</u>
Area Code	Telephone
<u>563</u>	<u>264-8567</u>

JAN 15 2003

Effective date of dissolution:

January 12, 19 03

Karen E. Miller, Treasurer
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.	
<u>Dorothy J. Fitchner</u> Signature of Candidate - Required for Candidate's Committee	<u>January 12, 2003</u> 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.