

FOR INSTRUCTIONS. SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>21105</u>
Indexed	<u>gt</u>
Audited	_____
Computer	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
Blueprint For the Future

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

Dwenda Nelson 319-627-4206
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

Jan 20, '03
 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$500

STATE & CAMPAIGN DISCLOSURE BOARD
 JAN 21 2003
 FILED

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Jan 19, non election year REPORT FOR ANA (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
Sept 10, '02
 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.)\$ 221.11

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 396.79

Schedule F: Loans Received total (Attach Schedule F) -0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 617.90

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)\$ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 0

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)\$ _____

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)
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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/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	Y IF FOR FUND-RAISER INCOME
12/18/02	ID# CK# 2999	Thomas & Mary Pat Brooke 312 E 4th St West Liberty		\$396.79	
	ID# CK#				

SUB-TOTAL \$396.79

TOTAL (if last page of this schedule) \$396.79

* 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.

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE **B**
 (Rev. 09/97) MONETARY EXPENDITURES

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)
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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
12/20/02	ID# CK# 115	West Liberty Community Schools 823 Elm St. West Liberty, IA 52776	Costs for mailing special news letter for bond issue	\$ 396.79
1/20/03	ID# CK# 116	Karen Lathrop 813 N. Windus West Liberty, IA 52776	Automated Phone Calls (reimbursement to Karen)	220.00
4/20/03	ID# CK# 117	West Liberty School Foundation 823 Elm St. West Liberty, IA 52776	donation of remaining balance	\$1.11
	ID# CK#			

SUB-TOTAL \$ 617.90
 TOTAL (if last page of this schedule) \$ 617.90

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).)

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

Notice of Dissolution

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

Y. Muscatine

FORM (Rev. 02/96)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 31105

Indexed 31

Audited _____

Computer _____

Certified Date of Dissolution _____

COMMITTEE NAME

Official Name of Committee

Blueprint for the Future
Street

112 W. 5th St.
City, State, Zip Code

West Liberty, IA 52776
Area Code Telephone

(319) 627-4206

NEVER REOPEN
ENCLOSURE
JAN 21 2003
FILED

Effective date of dissolution:

Jan 20, 2003

Brenda Nelson
Signature of Treasurer

Jan 20, 2003
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.

Signature of Candidate - Required for Candidate's Committee

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.