

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
RECEIVED	
For Office Use Only	
Comm. # <u>AM 9-49</u>	Indexed _____
Audited <u>SCOTT</u>	Computer _____

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to elect Raymond "Tony" Ambrose

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

Janet K. Whittington (563) 322-1330 Oct. 30 2001
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 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
November 6, 2001
 County & Local Committees, enter County in which Election is held
Scott

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.

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1,450.00

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.....\$ 1,450.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 403.20

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) \$ 1,046.80

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) \$ 1,023.86

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.

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)
Committee - Robert R. ...

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
10/19/01	ID# CK#	FLAN ... 1333 ... IA		\$ 25 ⁰⁰	
10/11/01	ID# CK#	DEL ... 2506 Elm St DAV. IA 52803		100 ⁰⁰	
10/19/01	ID# CK#	... 401 W. Central Park Ave DAV. IA 52803		20 ⁰⁰	
10/19/01	ID# CK#	... 1325 ... St DAV. IA 52804		100 ⁰⁰	
10/19/01	ID# CK#	Tom ... 4043 E. 61st Blvd. DAV. IA 52807		50 ⁰⁰	
10/19/01	ID# CK#	Rita - Russ VanWetzing 3530 29th St Bett IA 52722	Sister	20 ⁰⁰	
10/19/01	ID# CK#	LARRY & CAROL RAYLS 1304 GARDEN ST DAV. IA 52804		25 ⁰⁰	
10/19/01	ID# CK#	MARK - Ann McGowan 2105 FAIRHAVEN RD. DAV. IA 52803		15 ⁰⁰	
10/19/01	ID# CK#	Joe & Allison Ambrose 4418 BALD EAGLE CT Bett IA 52722	Brother	25 ⁰⁰	
10/19/01	ID# CK#	Father James ... 103 Valley Heights RD. P.O. Box 1372, Bett IA 52722		50 ⁰⁰	

SUB-TOTAL \$ 430.00
 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)
Committee to Re-Elect in House & Senate

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
10/10/01	ID# CK#	STEPH SCHAC 310 MAIN ST DAV IA 52801		\$ 100 ⁰⁰	
10/10/01	ID# CK#	Joe Polaschke 14 MC NEEHAN BLVD DAV IA 52803		50 ⁰⁰	
10/10/01	ID# CK#	Tom McGinn 1507 EASTWICK DR DAV IA 52803		25 ⁰⁰	
10/10/01	ID# CK#	ALBUCK + CAROL EARNHARDT 173 1/2 E. 43RD ST DAV IA 52807		50 ⁰⁰	
10/10/01	ID# CK#	LEO KIPFUY 4312 ROCKWOOD RD DAV IA 52806-4751		25 ⁰⁰	
10/10/01	ID# CK#	FUNDRAISER CASH		150 ⁰⁰	✓
10/11/01	ID# CK#	WAYNE + ELOUNNA LABEL 2846 E. PLEASANT DAV IA 52803		200 ⁰⁰	
10/10/01	ID# CK#	Ed Lammers		50 ⁰⁰	
10/10/01	ID# CK#	Darlene + Don GAV 2710 GOUR ST. DAV, IA 52804-2935		50 ⁰⁰	
10/11/01	ID# CK#	Ron Vandenberg 2395 Tech Drive Suite 6 Bett IA		50 ⁰⁰	
SUB-TOTAL				\$ 750 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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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)

The committee to re elect Ray Ambrose 4th Ward

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
10/16/01	ID# CK#	Tom Orling 15 OAK PARK Dr. Bett IL 52722		\$ 20 ⁰⁰	
10/10/01	ID# CK#	Waterstreet 1721 2nd Ave RI		200 ⁰⁰	
10/15/01	ID# CK#	Roth Nowicki 176 Lambeth Lane New Lenox, IL 60451	Aunt	50 ⁰⁰	
	ID# CK#				

SUB-TOTAL \$ 270⁰⁰

TOTAL (if last page of this schedule) \$1450⁰⁰

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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)
The Committee to Re-Elect Ray Ambrose 4th Ward

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
10/20/01	ID# * CK#	Kinkos DAV. IA	Print Flyers	\$ 220 ³⁷
10/20/01	ID# * CK#	Mendlands DAV IA	Sign Poles	12 ⁶³
10/20/01	ID# * CK#	Post OFFICE STAMPS DAV IA	Stamps	170 ²⁰
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 403.20

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

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to elect Raymond "Tony" Ambrose

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> 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 \$ 1,023.86 ✓

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
			\$

TOTAL (PART I) \$ 0.

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
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,023.86 ✓

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