FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
P.M. DEC 3 2003
P.M. 12-1-03
FILED

FORM **DR-2** (Rev. 01/98) — DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Indexed _____
Audited _____
Computer _____

COMMITTEE NAME *(Must be same as on Statement of Organization)*
CITIZENS FOR ENGELMANN

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

Thomas Engelman — (563) 386-2672 — 12/1/03
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 12-1-03 (report date) REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR. 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: 11-4-03
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.) ..... $ 1914.19

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1,345.00
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.....$ 3,259.19

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 1,178.58
Schedule F: Loan Repayments total (Attach Schedule F) 500.00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 1580.61

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ _____
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ _____
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) $ _____

For Instructions, See Back of Form

SCHEDULE **A** (Rev. 06/97)	MONETARY RECEIPTS
☐ 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 ENGELMANN

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
10/27/03	ID# 25068 CK# 1035	GROW DAVENPORT PAC 3111 FERNWOOD AVE DAVENPORT, IA. 52807		$ 500.00	
	ID# CK#	JAY JUSTIN 505 W DOVER CT DAVENPORT, IA 52803		100.00	
	ID# 6432 CK# 1156	PLUMBERS & PIPEFITTERS LU 25 PAC-IOWA 4600 46TH AVE ROCK ISLAND IL 61201		100.00	
	ID# CK#	JAMES S. SPRING 1103 E 13TH ST DAVENPORT, IA 52803		50.00	
	ID# CK#	ALISON E HART 335 W 29TH ST DAVENPORT IA 52803		40.00	
	ID# 9695 CK# 52116.	DAVENPORT ASSOC OF PROFESS FIREFIGHTERS PAC (17) 4003 LILLIE AVE DAVENPORT, IA 52806		200.00	
	ID# 8262 CK# 1893	IRONWORKERS LU 111 PAC 8000 29TH ST WEST ROCK ISLAND, IL 61201		50.00	
11/6/03	ID# 8020 CK# 2203	QUAD CITY FEDERATION OF LABOR-COPE 311 1/2 21ST ST ROCK ISLAND, IL 61201		200.00	
	ID# CK#	MISCELLANEOUS UNITEMIZED CASH.		5.00	
11/17/03	ID# 8036. CK# 2398	ELECTRICAL WORKERS LU145 PAC 1700 52ND AVE #A MOLINE, IL 61265		100.00	
			SUB-TOTAL	$1345.00	
			TOTAL *(if last page of this schedule)*	$1,345.00	

* 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

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

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
10/28/03	ID# CK# 538	POSTMASTER 4101 MARQUETTE DAV IA 52806	POSTAGE	$ 37.00
10/28/03	ID# CK# 539	OFFICE MAX 320 W KIMBERLY DAV IA 52806	THANK YOU'S	10.68
10/29/03	ID# CK# 540	QUAD CITY DIRECT MAIL 5333 23RD AVE MOLINE, IL 61265	MAILING	250.00
10/29/03	ID# CK# 541	REVIEW PRINTING 311½ 21ST ST ROCK ISLAND, IL 61201	PRINTING	147.75
10/30/03	ID# CK# 542	BULLSEYE DIRECT MAIL 589 E 53RD ST DAV IA 52807	JOINT MAIL	172.64
10/30/03	ID# CK# 543	DUALL PRESS LTD 2332 EASTERN DAVENPORT, IA 52808	JOINT MAIL PIECE PRINT	120.17
10/31/03	ID# CK# 544	SCOTT COUNTY DEMOCRATS P.O. BOX 2009 DAVENPORT, IA 52809	DONATION	200.00
11/16/03	ID# CK# 546	QUAD CITY DIRECT MAIL 5333 23RD AVE MOLINE, IL 61265	MAILING	240.34
			SUB-TOTAL	$1178.58
			TOTAL (*if last page of this schedule*)	$1178.58

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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **F** (Rev. 08/96)	**LOANS RECEIVED & REPAID**

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*

CITIZENS FOR ENGELMANN

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 500.00

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
11/16/03	TOM ENGELMANN 4552 MAIN ST DAVENPORT, IA 52806	CANDIDATE	$ 500.00

TOTAL CASH REPAYMENTS *(PART II)* $ 500.00

From Schedule E -- TOTAL LOANS FORGIVEN $ -0-

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ -0-

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