

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# DISCLOSURE SUMMARY PAGE

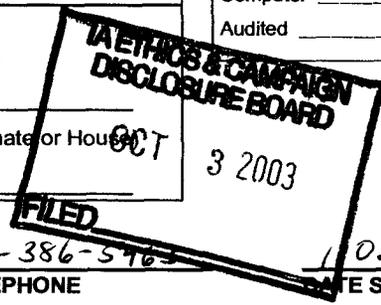
<b>FORM DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Citizens for Bill Lynn

**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 Bill Lynn	Political Party non-partisan
Office Sought City Council	District (if Senate or House) 5



*[Signature]*  
SIGNATURE OF TREASURER (or person filing this report)

563-386-5463  
TELEPHONE

1 October 2003  
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A September 27, 2003 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 October 7, 2003
County & Local Committees, enter County in which Election is held Scott

## STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> 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
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	450.00
Schedule F: Loans Received total (Attach Schedule F)	725.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> ....	\$ 1,175.00
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	12.95
Schedule F: Loan Repayments total (Attach Schedule F)	0
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ <u>1,162.05</u>

<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ 562.28
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ 64.14
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ 725.00

**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

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	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 Bill Lynn

**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
9/16/2003	ID# CK#	Bill Lynn 1935 Walling Court Davenport, IA 52803	self	\$200.00	<input type="checkbox"/>
9/17/2003	ID# CK#	Alva Cramblett 3123 E. Kimberly Rd. Davenport, IA 52807	none	50.00	<input type="checkbox"/>
9/26/2003	ID# CK#	Richard Moroney 810 West 57th Street Davenport, IA 52806	none	200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 450.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 450.00	

\* 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). 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

**Reset 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.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Citizens for Bill Lynn

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
9/20/2003	ID# CK#	IH Mississippi Valley Credit Union 2121 47th Street Moline, IL 61265	check printing	\$ 12.95
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 12.95</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 12.95</b>

**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 68A.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

<b>SCHEDULE D</b> (Rev. 08/98)	<b>INCURRED INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Citizens for Bill Lynn

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/25/2003	Richard Moroney 810 west 57th St Davenport, IA 52806	reimbursement for payment to Office Max for copies made	\$ 562.28
<b>SUB-TOTAL</b>			<b>\$ 562.28</b>
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			<b>\$ 562.28</b>

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**  
\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
	\$ 64.14	<input type="checkbox"/>
		<input type="checkbox"/>
AL	\$ 64.14	
st is e)	\$ 64.14	

(Statement of Organization)

ed to the committee which is deposited in the committee acco

REPORTING PERIOD \$ 0

**ED THIS REPORTING PERIOD**

*(If a bank, must be shown if a third party is  
candidate's personal funds.)*

CLASS OF LENDER (Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
	none	\$ 125.00
	self	100.00
	none	500.00

TOTAL (PART I)

\$ 725.00

Committees to disclose the relationship of any relative  
Relationship must be shown to the third degree of  
by (relatives by marriage). If surname of contributor is  
initial relationship, enter "not applicable" in the

ount.

**PART II - MONETARY LOAN REPAYMENTS MADE**  
*(Loans forgiven must be reported on Schedule E)*

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)

TOTAL CASH REPAYMENTS (

From Schedule E -- TOTAL LOANS FORGIVEN

TOTAL OUTSTANDING LOANS END OF REPORT