

DISCLOSURE SUMMARY PAGE

Reset Form

Scott

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>13456</u>
Logged In	<u>DM</u>
Scanned	
Computer	<u>DM</u>
Audited	

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

Friends of 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

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Bill Lynn</u>	Political Party <u>non-partisan</u>
Office Sought <u>Davenport City Council</u>	District (if Senate or House) <u>5th Ward</u>

JAN 13 2005
DM
JAN 17 05

[Signature] 563-386-5463 14 January 2005
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 12/31/2004 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 2

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
8 November 2005
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) (*also see in-kind below)	<u>1,169.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>400.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 1,569.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>1,488.77</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 80.23

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>295.55</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>400.00</u>

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 A (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)
 Friends of Bill Lynn (Scott)

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
2/4/04	ID# CK#	Rich Moroney 810 W 57th St Davenport IA 52806	—	\$ 50.00	<input type="checkbox"/>
2/28/04	ID# CK#	Augustine Cirollo 528 W 16th St Davenport IA 52803	—	10.00	<input type="checkbox"/>
2/28/04	ID# CK#	Audrey Whipka 2203 Western Ave Davenport IA 52803	—	10.00	<input type="checkbox"/>
2/28/04	ID# CK#	Bonnie Lindberg 2012 Carey Ave. Davenport IA 52803	—	10.00	<input type="checkbox"/>
2/28/04	ID# CK#	Rosemary North 2417 Iowa St. Davenport IA 52803	—	25.00	<input type="checkbox"/>
2/28/04	ID# CK#	Charles Bell 1304 Fernan Davenport IA 52803	—	10.00	<input type="checkbox"/>
2/28/04	ID# CK#	unitemized		28.00	<input type="checkbox"/>
3/4/04	ID# CK#	Carl Hiebscher 204 Prospect Terrace Davenport IA 52803	—	100.00	<input type="checkbox"/>
3/4/04	ID# CK#	Mark Miller 1315 E 11th St. Davenport IA 52803	—	20.00	<input type="checkbox"/>
3/4/04	ID# CK#	Donald Schreiber 1626 E High St. Davenport IA 52803	—	20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 283.00	
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). 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

SCHEDULE A (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)
 Friends of Bill Lynn (Scott)

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.

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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
3/4/04	ID# CK#	Lynne Thompson 421 E 14th St Davenport IA 52803	-	\$ 10.00	<input type="checkbox"/>
3/4/04	ID# CK#	Naomi Clark 2116 Brown Street Davenport IA 52804	-	10.00	<input type="checkbox"/>
3/4/04	ID# CK#	unitemized	-	18.00	<input type="checkbox"/>
3/6/04	ID# CK#	Gregory Soons 1103 E. High St. Davenport IA 52803	-	25.00	<input type="checkbox"/>
3/6/04	ID# CK#	Dorothy Pirek 1947 Walling Court Davenport IA 52803	-	20.00	<input type="checkbox"/>
3/6/04	ID# CK#	Karen Caldwell 2325 Jefferson Ave Davenport IA 52803	-	10.00	<input type="checkbox"/>
3/6/04	ID# CK#	unitemized	-	40.00	<input type="checkbox"/>
3/15/04	ID# CK#	Courtney Monzyk 2506 Farnam St Davenport IA 52803	-	10.00	<input type="checkbox"/>
3/15/04	ID# CK#	JoAnn Platten 2006 Main St Davenport, IA 52803	-	2.00	<input type="checkbox"/>
5/15/04	ID# CK#	unitemized	✓	10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 155.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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SCHEDULE A (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)
 Friends of Bill Lynn (Scott)

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.

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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
6/13/04	ID# CK#	Christine Palmer 1026 Arlington Ct Davenport, IA 52803	—	\$ 4.00	<input type="checkbox"/>
6/13/04	ID# CK#	E. I. Wayt 1229 Mississippi Ave Davenport, IA 52803	—	5.00	<input type="checkbox"/>
6/13/04	ID# CK#	Joshua B Morten 2031 Farnam St Davenport, IA 52803	—	25.00	<input type="checkbox"/>
6/13/04	ID# CK#	Rosemary Noth 2417 Iowa St. Davenport IA 52803	—	15.00	<input type="checkbox"/>
6/13/04	ID# CK#	unitemized	—	38.00	<input type="checkbox"/>
6/12/04	ID# CK#	unitemized	—	148.00	<input checked="" type="checkbox"/>
7/7/04	ID# CK#	Robert Brock 2838 Jersey Ridge Road Davenport IA 52803	—	10.00	<input type="checkbox"/>
7/7/04	ID# CK#	Carol Robson 1008 E High St Davenport IA 52803	—	10.00	<input type="checkbox"/>
7/18/04	ID# CK#	Carl Liebscher 204 Prospect Terrace Davenport IA 52803	—	100.00	<input type="checkbox"/>
9/13/04	ID# CK#	Steve Sodeman 3719 N. Thornwood Davenport IA 52806	—	5.00	<input type="checkbox"/>
SUB-TOTAL				\$ 360.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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SCHEDULE A (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)
 Friends of Bill Lynn (Scott)

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.

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DATE RECEIVED (MM/DD/YYR)	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
9/13/04	ID# CK#	Elizabeth Schlacter 818 W 17th St Davenport, IA 52804	—	\$ 5.00	<input type="checkbox"/>
9/13/04	ID# CK#	Marilyn Williams 707 W 17th St Davenport IA 52804	—	5.00	<input type="checkbox"/>
9/13/04	ID# CK#	Gretchen Dietz 2511 Brady St Davenport, IA 52803	—	5.00	<input type="checkbox"/>
9/13/04	ID# CK#	Ethel Bain 2008 College Ave Davenport IA 52803	—	5.00	<input type="checkbox"/>
9/13/04	ID# CK#	Kaye Le Beau 26 Oak Lane Davenport IA 52803	—	5.00	<input type="checkbox"/>
9/13/04	ID# CK#	Vivaki Huston 1238 E Dover Ct Davenport IA 52803	—	5.00	<input type="checkbox"/>
9/13/04	ID# CK#	Dolores Greff 414 E 14th Street Davenport 52803	—	10.00	<input type="checkbox"/>
9/13/04	ID# CK#	Ronald M. Dermott 1513 Harrison Street Davenport IA 52803	—	15.00	<input type="checkbox"/>
9/13/04	ID# CK#	Rosemary Noth 2417 Iowa St Davenport IA 52803	—	15.00	<input type="checkbox"/>
9/13/04	ID# CK#	Janet Weichel 2415 Arlington Ave Davenport IA 52803	—	15.00	<input type="checkbox"/>
SUB-TOTAL				\$ 85.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (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)
Friends of Bill Lynn (Scott)

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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
9/13/04	ID# CK#	Audrey Whipker 2203 Western Ave Davenport IA 52803	—	\$ 15.00	<input type="checkbox"/>
9/13/04	ID# CK#	Carl Dailey 1612 Prospect Terr Davenport IA 52803	—	10.00	<input type="checkbox"/>
9/13/04	ID# CK#	Carol MANDAS 628 Douglas Ct Davenport IA 52803	—	10.00	<input type="checkbox"/>
9/13/04	ID# CK#	Julie Martens 430 W 16th Street Davenport IA 52803	—	10.00	<input type="checkbox"/>
9/13/04	ID# CK#	Louise Faris 512 E 14th St Davenport IA 52803	—	10.00	<input type="checkbox"/>
9/13/04	ID# CK#	John Bentley 2612 Dugslaby St Davenport IA 52803	—	7.00	<input type="checkbox"/>
9/13/04	ID# CK#	Twilla Harris 2206 DeClain St Davenport IA 52803	—	20.00	<input type="checkbox"/>
9/13/04	ID# CK#	John Sawyer 215 Kirkwood Blvd Davenport IA 52803	—	20.00	<input type="checkbox"/>
9/13/04	ID# CK#	unitemized	—	10.00	<input type="checkbox"/>
9/23/04	ID# CK#	JoAnn Brown 1715 Gaines St Davenport IA 52803	—	20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 132.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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SCHEDULE A (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)
 Friends of Bill Lynn (Scott)

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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
9/23/04	ID# CK#	Phyllis Harrison 1712 N. Gaines Street Davenport IA 52803	—	\$ 10.00	<input type="checkbox"/>
9/23/04	ID# CK#	Unitemized	—	29.00	<input type="checkbox"/>
10/2/04	ID# CK#	D.G. Wilson 1914 Walling Ct Davenport IA 52803	—	5.00	<input type="checkbox"/>
10/2/04	ID# CK#	Marian Jebens 2220 Grand Avenue Davenport IA 52803	—	5.00	<input type="checkbox"/>
10/2/04	ID# CK#	Mary Jayne Hughes 2936 Jersey Ridge Rd Davenport IA 52803	—	5.00	<input type="checkbox"/>
10/2/04	ID# CK#	Patricia Schardt 2501 Bridge Ave Davenport IA 52803	—	10.00	<input type="checkbox"/>
10/7/04	ID# CK#	Jeray Timmerman 815 W. Rusholme Davenport IA 52803	—	10.00	<input type="checkbox"/>
10/7/04	ID# CK#	Terry Vaikert 2336 Farnham St Davenport IA 52803	—	5.00	<input type="checkbox"/>
10/30/04	ID# CK#	Scott Doup 2017 E. Rusholme Davenport IA 52803	—	5.00	<input type="checkbox"/>
10/30/04	ID# CK#	Lisa Jost 506 E Locust Davenport IA 52803	—	20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 104.00	
TOTAL (if last page of this schedule)				\$	

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Reset Form

SCHEDULE A (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)
 Friends of Bill Lynn (Scott)

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.

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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
10/30/04	ID# CK#	Gwen Schwindt 2636 Jersey Ridge Road Davenport IA 52803	—	\$ 10 —	<input type="checkbox"/>
12/10/04	ID# CK#	Terry Weikert 2336 Farnham Davenport IA 52803	—	5 —	<input type="checkbox"/>
12/30/04	ID# CK#	Coleen Meyer 30 Oak Lane Davenport IA 52803	—	10 —	<input type="checkbox"/>
12/30/04	ID# CK#	Patrick Bradley 1708 Davenport Avenue Davenport IA 52803	—	10 —	<input type="checkbox"/>
12/30/04	ID# CK#	Beverly Quigley 221 E 18th Street Davenport IA 52803	—	10 —	<input type="checkbox"/>
12/30/04	ID# CK#	unitemized	—	5 —	<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

\$ 50.00

TOTAL (if last page of this schedule)

\$ 1,169.00

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Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	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)
Friends of Bill Lynn (Scott)

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
2/3/04	ID# CK#	THE National Bank P.O. Box 1030 Bettendorf IA 52722	printing checks	\$ 13.75
2/18/04	ID# 1001 CK#	Midwest Mailworks 2136 12th Street Rockford IL 61104	mail 1st newsletter	180.00
5/24/04	ID# CK# 1002	Office Max 320 W Kimberly Road Davenport IA 52806	Copies	31.67
5/27/04	ID# CK# 1003	Midwest Mailworks 2136 12th Street Rockford IL 61104	mail 2nd newsletter	230.00
6/16/04	ID# CK# 1004	Midwest Mailworks 2136 12th Street 61104	balance due on earlier mailings	175.00
8/27/04	ID# CK# 1005	Printing Plus 1630 Washington St Davenport IA 52804	printing newsletter	74.25
8/31/04	ID# CK# 1006	Mid West Mailworks Rockford	mail 3rd newsletter	225.00
9/17/04	ID# CK# 1007	Mid West Mailworks	balance due for mailings	134.85
SUB-TOTAL				\$ 1064.52
TOTAL (if last page of this schedule)				\$

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.402(3)(i).)

Reset Form

SCHEDULE B (Rev. 07/03)	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)
Friends of Bill Lynn (Scott)

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
12/22/04	ID# CK# 1008	Printing Plus 1630 Washington St Davenport IA 52804	print newsletter	\$ 74.25
12/31/04	ID# CK# 1009	Richard Moroney 810 W 57th St Davenport IA 52806	Reimburse payment to Richard Moroney for 4th newsletter	350.00
	ID# CK#			
SUB-TOTAL				\$ 424.25
TOTAL (if last page of this schedule)				\$ 1488.77

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.402(3)(i).)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
 Friends of Bill Lynn (Scott)

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
2/8/04	Richard MORONEY 810 W 57th Street Davenport, IA 52806	—	newsletter paper	\$ 20.52	<input type="checkbox"/>
2/14/04	Richard MORONEY "	—	newsletter paper	30.79	<input type="checkbox"/>
2/15/04	"	—	copying	42.88	<input type="checkbox"/>
5/28/04	"	—	copying	65.52	<input type="checkbox"/>
7/19/04	"	—	website hosting	94.80	<input type="checkbox"/>
8/26/04	"	—	newsletter paper	20.52	<input type="checkbox"/>
12/21/04	"	—	newsletter paper	20.52	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$
 TOTAL (if last page of this schedule) \$ 295.55

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of B.11 Lynn (Scott)

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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
2/18/04	B.11 Lynn 1935 Walling Ct Davenport IA 52803	Self	\$ 200.00
12/30/04	11	Self	200.00

TOTAL (PART I) \$ 400.00

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 \$ 400.00

*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 when it applies.