

DISCLOSURE SUMMARY PAGE

01 OCT 10 2005

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-elect 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 State of Candidates

For Office Use Only
Comm. # 13531
Indexed SM
Audited
Computer SM

SIGNATURE OF TREASURER (or person filing this report)
TELEPHONE 563 386 5463

DATE SIGNED 5 October 2005

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 10-day pre-primary REPORT FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR.
(report date) 1 October 2005
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 October 2005
County & Local Committees, enter County in which Election is held
Scott

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period, ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A, F, H), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B, F), CASH ON HAND at the end of this reporting period.

Table with columns for description and amount. Rows include: UNPAID BILLS, IN KIND CONTRIBUTIONS, OUTSTANDING LOANS.

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. 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)
 Committee to Re-elect 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
8/3/05	ID# CK#	Richard MORONEY 810 W 57 th Street Davenport 52806	—	\$ 50.00	<input type="checkbox"/>
8/16/05	ID# CK#	Scott Lidberman 15466 Los Gatos Blvd 109-280 Los Gatos, CA 95032	—	100.00	<input type="checkbox"/>
8/19/05	ID# CK#	Andrew Vasquez 2226 Belle Ave Davenport IA 52803	—	100.00	<input type="checkbox"/>
8/30-9/5	ID# CK#	unitemized	—	35.00	<input type="checkbox"/>
9/5/05	ID# CK#	Walter Holcombe 4130 NW Blvd Davenport IA 52806	—	30.00	<input type="checkbox"/>
9/5/05	ID# CK#	Ted Woodruff 2207 Scott St Davenport IA 52803	—	25.00	<input type="checkbox"/>
9/7/05	ID# CK#	Carl Dailey 1612 Prospect Ter Davenport IA 52803	—	25.00	<input type="checkbox"/>
9/7	ID# CK#	Mary Kirkpatrick 308 Crescent Drive Middleton IA 32638	—	20.00	<input type="checkbox"/>
9/6-9/10	ID# CK#	unitemized	—	30.00	<input type="checkbox"/>
9/10	ID# CK#	Carl Liebscher 204 Prospect Ter Davenport IA 52803	—	100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 515.00

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



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)

Committee to Re-elect Bill Ryan (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
9/10	ID# CK#	Wayne Oberle 4464 Spring St Davenport IA 52807	—	\$ 10.00	<input checked="" type="checkbox"/>
9/12	ID# CK#	Gretchen D. Atz 2511 Brady St Davenport IA 52803	—	25.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Myron Maudas 628 Douglas Ct Davenport IA 52803	—	25.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Audrey Whipple 2203 Western Avenue Davenport IA 52803	—	25.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Kenneth Thiessen 1934 Walling Ct Davenport IA 52803	—	25.00	<input checked="" type="checkbox"/>
9/10	ID# CK#	Alva Cramblett 3123 E. Kimberly Rd Davenport IA 52807	—	25.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Padmaja Pillutla 5141 Coventry Ct Davenport IA 52807	—	25.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Joshua Merten 2031 Farnam St Davenport IA 52803	—	100.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Patrick O'Leary 722 Ridgewood Ave Davenport IA 52803	—	50.00	<input checked="" type="checkbox"/>
9/12	ID# CK#	Mary Bognar 3822 Keota Ave Davenport IA 52802	—	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 360.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
 Committee to Re-elect Bill Lujan (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
9/11	ID# CK#	Marian Jebens 2220 Grand Avenue Davenport IA 52803	—	\$ 50.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Mike Steen Rivendale IA 52722	—	100.00	<input checked="" type="checkbox"/>
9/12	ID# CK#	Mary Beth Harvey 2320 Olympia Drive Bethesda IA 52722	—	50.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Ranee Meyer 836 W 57th St Davenport IA 52806	—	25.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Gloria Faso 4024 Hayes St Davenport IA 52804	—	25.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	Janet Alos 608 Kirkwood Blvd Davenport IA 52803	—	25.00	<input checked="" type="checkbox"/>
9/11	ID# CK#	unitemized	—	306.00	<input checked="" type="checkbox"/>
9/17	ID# CK#	Gary Nolan 2323 Armit Pl Davenport IA 52804	—	50.00	<input type="checkbox"/>
9/15	ID# CK#	Marilyn Rotundo 803 W 16th St Davenport IA 52804	—	25.00	<input type="checkbox"/>
9/15	ID# CK#	Dale Dent 1105 Christie St Davenport IA 52803	—	25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 681.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
Committee to Re-elect 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
9/16	ID# CK#	Elaine Blien 2319 Brady St Davenport IA 52803	—	\$ 15.00	<input type="checkbox"/>
9/16	ID# CK#	Pat Farnham 5703 Heather Ave Davenport IA 52807	—	25.00	<input type="checkbox"/>
9/20	ID# CK#	Ramzan Ahmad 3107 N. Brady Davenport 52803	—	200.00	<input type="checkbox"/>
9/20	ID# CK#	Roger Fuglsang 1704 Eastern Ave Davenport IA 52803	—	35.00	<input type="checkbox"/>
9/23	ID# CK#	Robert Brock 2838 Jersey Rd. #2 Davenport IA 52803	—	50.00	<input type="checkbox"/>
9/23	ID# CK#	Karen Caldwell 2225 Johnson Ave Davenport IA 52803	—	15.00	<input type="checkbox"/>
9/14-20	ID# CK#	unitemized cash	—	100.00	<input type="checkbox"/>
9/27	ID# CK#	Jeff Kinnard 1010 E 10th Street Davenport 52803	—	50.00	<input type="checkbox"/>
9/28	ID# CK#	Colleen Laugen 504 Kirkwood Blvd Davenport 52803	—	50.00	<input type="checkbox"/>
9/28	ID# CK#	Lisa Post 508 E Locust Davenport 52803	—	25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 565.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
 Comm. Acc to Re-Elect 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
9/28	ID# CK#	Marjorie Kimmel 40 Kenwood Ave Davenport IA 52803	—	\$ 50.00	<input type="checkbox"/>
9/28	ID# CK#	Tracy Pettatt 564 26th Ave Ct East Moline, IL	—	50.00	<input type="checkbox"/>
9/29	ID# CK#	David M. Nelson 3434 Forest Rd Davenport IA 52807	—	50.00	<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"/>
SUB-TOTAL				\$ 150.00	
TOTAL (if last page of this schedule)				\$ 227.00	

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SCHEDULE B (Rev. 09/97)	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)
 Committee to Re-elect 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
9/24/05	ID# CK# 1	Richard MORONEY 810 W 57th Street Des Moines 52807	Reimburse for: Magnets 821.20 Lawn signs 376.45 Lit printing 267.90 Sign wires 34.24 Paper 20.79 2 misc	\$1,020.87
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 1,020.87

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).)

SCHEDULE D (Rev. 06/96)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Re-elect Bill Lynn (Scott)

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*
9/26/05	Richard MORONEY 810 W 57th Street Davenport 52807	Lit Bag purchase	\$ 32.10
9/28/05		Deposit on Bulk Mailing	300.00
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 332.10

*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.

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)

Committee to Re-elect Bill Lynn (Scott)

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
8/28/05	Arletta Lynn 1935 Walling Ct Davenport IA 52803	wife	stamps for mailing	\$ 90.00	
9/11/05	Ed Persike 1327 Arlough Davenport 52808	—	food for fundraiser	100.00	✓
9/6/05	Richard MORONEY 810 W 57th Street Davenport 52807	—	lit bags	20.00	
9/26/05	Arletta Lynn 1935 Walling Ct Davenport IA 52803	wife	copying	49.00	

SUB-TOTAL	\$
TOTAL (if last page of this schedule)	\$ 259.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.