

DISCLOSURE SUMMARY PAGE

Reset Form

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

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

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: BILL LYNN Political Party: ILLINOIS

Office Sought: FIFTH WARD ALDERMAN District (if Senate or House): _____

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

563-326-3746
 TELEPHONE

10/10/07
 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 10/10/07 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one

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 _____

County & Local Committees, enter County in which Election is held _____

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.)	\$ <u>619.20</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	<u>1481.10</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>- 0 -</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>- 0 -</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>2100.30</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>499.86</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)	\$ <u>1600.44</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 645.29

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

91:8 HV 11 1007002
 2007 OCT 11 AM 8:16
 CAMPAIGN DISCLOSURE BD.
 I A ETHICS AND

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)
Committee to Re-elect Bill Lynn (Scott Co.)

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
9/1/07	ID# CK#	John T. Brophy 2328 Eastern Ave Davenport, IA 52803		\$ 35.00	<input type="checkbox"/>
9/1/07	ID# CK#	Robert Adam 619 E. Dover Cr. Davenport, IA 52803		10.00	<input type="checkbox"/>
9/4/07	ID# CK#	Linda Gerken 918 E. Laurel Ave Davenport, IA 52803		25.00	<input type="checkbox"/>
9/4/07	ID# CK#	Mary Lu Johnson 2400 E. Pleasant St. Davenport, IA 52803		20.00	<input type="checkbox"/>
9/4/07	ID# CK#	Marjorie Holcombe 4130 NW Blvd. E108 Davenport, IA 52806		20.00	<input type="checkbox"/>
9/5/07	ID# CK#	Audrey E. Whipka 3203 Western Ave Davenport, IA 52803		25.00	<input type="checkbox"/>
9/5/07	ID# CK#	Alice K. Wilcox 1224 Esplanade Ave Davenport, IA 52803		25.00	<input type="checkbox"/>
9/5/07	ID# CK#	John W. Bentley 2612 Dugdaleby St. Davenport, IA 52805		20.00	<input type="checkbox"/>
9/5/07	ID# CK#	Respiratory Aesth 2407 Ithaca St. Davenport, IA 52803		15.00	<input type="checkbox"/>
9/5/07	ID# CK#	Alyce M. Timmerman 815 W. Rusholme St. Davenport, IA 52804		10.00	<input type="checkbox"/>
SUB-TOTAL:				\$ 205.00	
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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev 07/03)	MONETARY RECEIPTS
<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 Co.)

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
9/6/07	ID# CK#	Donna + Joe Scott 2025 TREMONT AVE DAVENPORT, IA 52803		\$ 20.00	<input type="checkbox"/>
9/6/07	ID# CK#	Julie Davenport 1928 E. Elm St. DAVENPORT, IA 52803		10.00	<input type="checkbox"/>
9/7/07	ID# CK#	Carl W. Dailey 1612 Prosper Ter. DAVENPORT, IA 52803		25.00	<input type="checkbox"/>
9/7/07	ID# CK#	Robert Tappendorf 4410 Ricker Hill Rd DAVENPORT, IA 52802		25.00	<input type="checkbox"/>
9/7/07	ID# CK#	ROBERT FORT 2043 TREMONT AVE DAVENPORT, IA 52803		25.00	<input type="checkbox"/>
9/7/07	ID# CK#	Jean Kelly 2311 E. 29th St. DAVENPORT, IA 52803		10.00	<input type="checkbox"/>
9/7/07	ID# CK#	Ted Woodruff 2207 Scott St. DAVENPORT, IA 52803		25.00	<input type="checkbox"/>
9/8/07	ID# CK#	Marjorie Kimmel 40 Kenwood Ave DAVENPORT, IA 52803		100.00	<input type="checkbox"/>
9/8/07	ID# CK#	Bob Karwath 9303 E. 29th St DAVENPORT, IA 52803		25.00	<input type="checkbox"/>
9/8/07	ID# CK#	Elias Jargas 1403 Kirkwood Blvd DAVENPORT, IA 52803		5.00	<input type="checkbox"/>

SUB-TOTAL

\$ 270.00

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)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<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 Co)

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
9/10/07	ID# CK#	DOROTHY PATCH 2323 ADAMS ST DAVENPORT, IA 52803		\$ 25.00	<input type="checkbox"/>
9/10/07	ID# CK#	GRETCHEN DIETZ 2511 BRADY DAVENPORT, IA 52803		25.00	<input type="checkbox"/>
9/10/07	ID# CK#	PATRICK SCHMIDT 2501 BRIDGE AVE DAVENPORT, IA 52803		10.00	<input type="checkbox"/>
9/12/07	ID# CK#	Patrick + Mary O'Leary 722 Ridgewood Ave DAVENPORT, IA 52803		15.00	<input type="checkbox"/>
9/14/07	ID# CK#	Rod + Colleen Leuson 204 Kirkwood DAVENPORT, IA 52803		100.00	<input type="checkbox"/>
9/14/07	ID# CK#	Mary Beth Horvath 2320 Olympia DR. DAVENPORT, IA 52803		50.00	<input type="checkbox"/>
9/15/07	ID# CK#	Mary Spriet 18170 46th St DAVENPORT, IA		20.00	<input type="checkbox"/>
9/15/07	ID# CK#	Beth Hodges 1707 11th St DAVENPORT, IA 52803		15.00	<input type="checkbox"/>
9/17/07	ID# CK#	Alva Cramplett 5123 E. Kimberly Rd DAVENPORT, IA 52807		25.00	<input type="checkbox"/>
9/17/07	ID# CK#	Heleen Riedesel 2305 31st St. DAVENPORT, IA 52807		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 335.00	
TOTAL (if last page of this schedule)				\$	

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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)
Committee to Re-elect Bill Lyon (Sen. C.)

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 IO 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
9/18	ID# CK#	Mary Kirkpatrick 303 Crescent Dr. Middletown, IA 52638		\$ 25.00	<input type="checkbox"/>
9/18	ID# CK#	Alberta + Dolores Craff 414 E. 14th St. Davenport, IA 52803		25.00	<input type="checkbox"/>
9/18	ID# CK#	Unitemized (cash)		36.00	<input type="checkbox"/>
9/21	ID# CK#	Terry + Susan Welty 604 E. Lombard St. Davenport, IA 52803		25.00	<input type="checkbox"/>
9/21	ID# CK#	Terry + Anna Kling 3140 Dixon Ave Davenport, IA 52802		20.00	<input type="checkbox"/>
9/28	ID# CK#	Dale Demick 5419 Kelling Davenport, IA 52806		25.00	<input type="checkbox"/>
9/28	ID# CK#	Jonna Throssen 1934 Walling Cr. Davenport, IA 52803		50.00	<input type="checkbox"/>
10/10	ID# CK#	Naomi Clark 2116 Brown St. Davenport, IA 52804		20.00	<input type="checkbox"/>
10/11	ID# CK#	Janet Ales 608 Kirkwood Blvd Davenport, IA 52803		35.00	<input type="checkbox"/>
10/11	ID# CK#	Jack Nelson 331 E. Locust Jr. Davenport, IA 52803		100.00	<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	

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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)
Committee to Re-elect Bill Lynn (Scott. Co.)

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/YY)	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
10/3	ID# CK#	Jack P. Bruchmann 704 Rive DR. Bettendorf, IA 52722		\$ 25.00	<input type="checkbox"/>
10/3	ID# CK#	Christine Johnson 308 E. High St. Davenport, IA 52803		10.00	<input type="checkbox"/>
10/4	ID# CK#	Susan + Alan Hayes 709 Brown St. Davenport, IA 52802		25.00	<input type="checkbox"/>
10/5	ID# CK#	Carl Liebsher 204 Prospect Terrace Davenport, IA 52803		100.00	<input type="checkbox"/>
10/5	ID# CK#	T.R. Lagomarcino 3514 33rd Street Moline, IL 61265		50.00	<input type="checkbox"/>
10/5	ID# CK#	ED Persike 1107 mott Rd Moline, IL 61265 (cash)		100.00	<input type="checkbox"/>
9/6	ID# CK#	WOODY PERKINS to Pay Pal (to set up acct)		.01	<input type="checkbox"/>
9/6	ID# CK#	WOODY PERKINS to Pay Pal (to set up acct)		.09	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 310.00
\$ 1481.00

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)

Committee to Re-elect Bill Lynn (State Co)

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
9/24/07	ID# CK#	PRECISION SIGN 1055 Valley Dr. Riverdale, IA 52722	Political yard Signs	\$ 375. ⁵²
9/24/07	ID# CK#	Scott Co. Auditor 416 W. 4th St Davenport, IA 52802	CD of Registered Voters for Walking List	10. ⁰⁰
9/25/07	ID# CK#	The National Bank P.O. Box 1030 Bettendorf, IA 52722	Checking Account checks	14. ³⁵
10/3/07	ID# CK#	PRINTING - PLUS 1630 Washington Davenport, IA 52804	PRINTING of PRIMARY MAILER	99. ⁹⁴
	ID# CK#			
SUB-TOTAL				\$ 499. ⁸⁶
TOTAL (if last page of this schedule)				\$ 499. ⁸⁶

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 88A.402(3)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to Re-elect BILL LYNN (Scott Co)

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

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SCHEDULE D (Rev. 01/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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*
9/01/07	BILL LYNN 1935 Walling Cr. Davenport, IA 52803	Reimbursement for paper & envelopes for mailing	\$ 18.69
9/01/07	BILL LYNN 1935 Walling Cr. Davenport, IA 52803	Reimbursement for postage for mailing	41.00
9/14/07	BILL LYNN 1935 Walling Cr. Davenport, IA 52803	Reimbursement for Door Knob Bags for walking campaign	28.40
9/21/07	BILL LYNN 1935 Walling Cr. Davenport, IA 52803	Reimbursement for Card stock for walking piece	10.90
9/24/07	BILL LYNN 1935 Walling Cr. Davenport, IA 52803	Reimbursement for postage for mailing	65.60
9/24/07	BILL LYNN 1935 Walling Cr. Davenport, IA 52803	Reimbursement for Cartridge for printer	60.96
9/25/07	BILL LYNN 1935 Walling Cr. Davenport, IA 52803	Reimbursement for paper for campaign mailing	56.10
SUB-TOTAL			\$ 281.65
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 645.29

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

Page 2 of 2
(for Schedule D)

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.