

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Scott

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>13495</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

WINBORN FOR MAYOR COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 6
 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
 (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
 Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name EDWIN G. WINBORN Political Party (if applicable) _____

Office Sought MAYOR OF DAVENPORT District (if Senate or House) _____

081 7 2005

Late reports are subject to possible civil and criminal penalties.

[Signature] 563-391-8563 10-4-05
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 10-6-05 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 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 DR-3 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. (Total of all funds 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) 4,730.00

Schedule F: Loans Received total (Attach Schedule F) 5,200.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 9,930.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 5,850.39

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 4,079.61

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 0

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 5,200.00

CONSULTANT BREAKDOWN (Schedule G Attached?) YES X NO

CANDIDATE COMMITTEES ONLY:

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

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of 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)

WINBORN FOR MAYOR COMMITTEE

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
06/23/05	ID# CK#	CONSTANCE A. DECKER 2961 HAYON DRIVE BETTENDORF, IOWA 52722		\$ 250 ⁰⁰	<input type="checkbox"/>
06/23/05	ID# CK#	WILLIAM D. ASHTON 2831 E. PLEASANT ST. DAVENPORT, IOWA 52803		250 ⁰⁰	<input type="checkbox"/>
08/12/05	ID# CK#	DUNCAN CAMERON ONE OAK PARK DR. BETTENDORF, IOWA 52722		50 ⁰⁰	<input type="checkbox"/>
08/11/05	ID# CK#	BERNARD C. O'BRIEN 14 OAKBROOK PLACE BETTENDORF, IOWA		100 ⁰⁰	<input type="checkbox"/>
8/12/05	ID# CK#	PAUL ECKERT 3000 E. 32ND ST, #15 DAVENPORT, IOWA 52807		100 ⁰⁰	<input type="checkbox"/>
8/11/05	ID# CK#	RICHARD E. ERICKSON 3110 WOODLAND DR. LECLAIRE, IOWA 52753		100 ⁰⁰	<input type="checkbox"/>
8/13/05	ID# CK#	OSCAR H. HAWLEY 2170 NORMAN CT. South BETTENDORF, IOWA 52722		225 ⁰⁰	<input type="checkbox"/>
8/14/05	ID# CK#	DARWIN E. CLDE 2337 W. RUSHOLME DAVENPORT, IOWA 52804		25 ⁰⁰	<input type="checkbox"/>
8/15/05	ID# CK#	JOHN H. SUNDERBRUCH 2430 TELEGRAPH RD. DAVENPORT, IOWA 52804		50 ⁰⁰	<input type="checkbox"/>
8/14/05	ID# CK#	WC HOLTGORSSEN II 2800 FOREST RD. DAVENPORT, IOWA 52803		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1200 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)

WINBORN FOR MAYOR COMMITTEE

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
08/08/05	ID# CK#	E. H. DANIEL 3406 CHATEAU KNOLL BETTENDORF, IOWA 52722		\$ 50 ⁰⁰	<input type="checkbox"/>
08/08/05	ID# CK#	JOANNE J. CARLIN 6565 JAMES RD. BETTENDORF, IOWA 52722		50 ⁰⁰	<input type="checkbox"/>
08/08/05	ID# CK#	KENNETH COLON 4205 SPRING ST. DAVENPORT, IOWA 52807		50 ⁰⁰	<input type="checkbox"/>
08/08/05	ID# CK#	ROBERT B. BROCK 2338 JERSEY RIDGE RD. DAVENPORT, IOWA 52803		95 ⁰⁰	<input type="checkbox"/>
08/08/05	ID# CK#	GEORGE OTTE 2202 E. 4TH ST. DAVENPORT, IOWA 52807		25 ⁰⁰	<input type="checkbox"/>
08/16/05	ID# CK#	HUGH STAFFORD 6125 VALLEY DR. BETTENDORF, IOWA 52722		200 ⁰⁰	<input type="checkbox"/>
08/23/05	ID# CK#	HAROLD STEINKE 2515 W. CENTRAL PARK DAVENPORT, IOWA 52804		100 ⁰⁰	<input type="checkbox"/>
08/26/05	ID# CK#	GEORGE W. ERPELDING 4328 RIDGEWOOD CT. DAVENPORT, IOWA 52804		25 ⁰⁰	<input type="checkbox"/>
08/26/05	ID# CK#	WAYNE F. LOWDEN 3111 ARLINGTON AVE. DAVENPORT, IOWA 52803		25 ⁰⁰	<input type="checkbox"/>
08/30/05	ID# CK#	T.F. OLT 111 FOREST RD. DAVENPORT, IOWA 52803		200 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 820	
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)
WINBORN FOR MAYOR COMMITTEE

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
8/31/05	ID# CK#	RALPH WIESE 3303 W. COLORADO DAVENPORT, IOWA 52804		\$ 50 ⁰⁰	<input type="checkbox"/>
8/30/05	ID# CK#	VICTOR QUINN 2554 EAST ST. DAVENPORT, IOWA 52803		50 ⁰⁰	<input type="checkbox"/>
8/30/05	ID# CK#	DONALD J. SAFOREK 3205 TREMONT AVE DAVENPORT, IOWA 52803		25 ⁰⁰	<input type="checkbox"/>
09/01/05	ID# CK#	DUNCOMBE BROOKE 1223 MOUND ST. DAVENPORT, IOWA 52803		50 ⁰⁰	<input type="checkbox"/>
09/01/05	ID# CK#	JAMES F. SPARTH 123 RIDGEWOOD AVE. DAVENPORT, IOWA 52803		20 ⁰⁰	<input type="checkbox"/>
08/31/05	ID# CK#	JOHN E. BUSHMAN II 2113 E. 13 TH ST. DAVENPORT, IOWA 52803		200 ⁰⁰	<input type="checkbox"/>
08/3/05	ID# CK#	THOMAS S. OTTING #15 OAK PARK DR. BETTENDORF, IOWA 52722		50 ⁰⁰	<input type="checkbox"/>
09/01/05	ID# CK#	CARTER N. LEBEAU 26 OAK LN. DAVENPORT, IOWA 52803		25 ⁰⁰	<input type="checkbox"/>
09/01/05	ID# CK#	MARK C. KILMER 2345 FAIRHAVEN ROAD DAVENPORT, IOWA 52803		100 ⁰⁰	<input type="checkbox"/>
09/01/05	ID# CK#	MARTHA B. BURNHAM 203 HILL CREST AVE DAVENPORT, IOWA 52803		100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 670	
TOTAL (if last page of this schedule)				\$	

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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)

WINBORN FOR MAYOR COMMITTEE

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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
09/02/05	ID# CK#	LINDA J. BLOODSWORTH 2501 BRADY ST. DAVENPORT, IOWA 52803		\$ 100 ⁰⁰	<input type="checkbox"/>
09/02/05	ID# CK#	KENNETH & OPAL ANDERSON 3009 SHERIDAN ST. DAVENPORT, IOWA 52803		250 ⁰⁰	<input type="checkbox"/>
09/03/05	ID# CK#	DON SHEWRY 4575 TRAILS END RD. BETTENDORF, IOWA 52722		250 ⁰⁰	<input type="checkbox"/>
09/04/05	ID# CK#	ELIZABETH ANN TOOLE 3 OAKBROOK DR. BETTENDORF, IOWA 52722		50 ⁰⁰	<input type="checkbox"/>
09/06/05	ID# CK#	MIKE LIEBBE 4205 JERSEY RIDGE RD. DAVENPORT, IOWA 52803		250 ⁰⁰	<input type="checkbox"/>
09/07/05	ID# CK#	DIANNE HOMANN 6207 W. RIVER DR. DAVENPORT, IOWA. 52802		50 ⁰⁰	<input type="checkbox"/>
09/07/05	ID# CK#	RICHARD L. KREITER 133 FORREST RD DAVENPORT, IOWA 52803		250 ⁰⁰	<input type="checkbox"/>
09/09/05	ID# CK#	JUNE LINDORFER 147 FOREST RD. DAVENPORT, IOWA 52803		50 ⁰⁰	<input type="checkbox"/>
09/12/05	ID# CK#	WILLIAM G. MCCARTHY 1339 CEDAR ST. DAVENPORT, IOWA. 52804		200 ⁰⁰	<input type="checkbox"/>
09/19/05	ID# CK#	HENRY PARKHURST #9 LIGHTHOUSE LANE HAMPTON, ILL. 61256		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1050	
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)

WINBORN FOR MAYOR COMMITTEE

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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
09/19/05	ID# CK#	ANN HUTCHINSON 3035 QUAIL RIDGE RD. BETTENDORF, IOWA 52722		\$ 100 ⁰⁰	<input type="checkbox"/>
09/22/05	ID# CK#	WILLIAM P. REHMANN 1704 E. 54TH ST. DAVENPORT, IOWA 52807		50 ⁰⁰	<input type="checkbox"/>
09/17/05	ID# CK#	JERRY HARKINS 2626 TREMONT AVE. DAVENPORT, IOWA 52803		50 ⁰⁰	<input type="checkbox"/>
09/22/05	ID# CK#	RUTH ANN WIRTZ 227 HILLCREST AVE. DAVENPORT, IOWA 52803		100 ⁰⁰	<input type="checkbox"/>
09/22/05	ID# CK#	SANDRA FOREST MILLER 2800 MARIGIL LANE BETTENDORF, IOWA 52722		100 ⁰⁰	<input type="checkbox"/>
09/27/05	ID# CK#	RICHARD KREITER 133 FOREST RD. DAVENPORT, IOWA 52803		100 ⁰⁰	<input type="checkbox"/>
09/27/05	ID# CK#	CHERYL C. RIGDON 822 MISSISSIPPI AVE DAVENPORT, IOWA 52803		150 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 650 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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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)

WINBORN FOR MAYOR COMMITTEE

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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
8/28/05	ID# CK#	URMEY L. MCCONNELL 2605 E. CENTRAL PARK DAVENPORT, IOWA 52803		\$ 50 ⁰⁰	<input type="checkbox"/>
09/29/05	ID# CK#	KATHY BARGMAN 3416 MISSISSIPPI AVE. DAVENPORT, IOWA 52807		50 ⁰⁰	<input type="checkbox"/>
9/29/05	ID# CK#	CHRISTIAN MUELLER 1715 JERSEY RIDGE RD. DAVENPORT, IOWA 52803		25 ⁰⁰	<input type="checkbox"/>
9/29/05	ID# CK#	JANICE J. MAH 301 FOREST RD. DAVENPORT, IOWA 52803		100 ⁰⁰	<input type="checkbox"/>
	ID# CK#	UNITEMIZED CONTRIBUTIONS FOR THIS PERIOD		115 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"/>
SUB-TOTAL				\$ 340 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 4730 ⁰⁰	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Recall 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)
WINBORN FOR MAYOR COMMITTEE

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
07/27/05	ID# CK#	M P M 1024 WEST THIRD ST. DAVENPORT, IOWA 52802	PRINTED BALLOONS & CLOSURES FOR CAMPAIGN.	\$ 361.25
08/01/05	ID# CK#	S. J. SMITH 3707 WEST RIVER DR DAVENPORT, IOWA 52802	HELIUM GAS AND FILLER RENTAL	276.24
08/12/05	ID# CK#	GRAPHIC IMPRESSIONZ 1055 VALLEY DR. BETTENDORF, IOWA 52722	YARD SIGNS	1,460.75
08/17/05	ID# CK#	SCOTT COUNTY 428 WESTERN AVE. DAVENPORT, IOWA 52801	VOTER CD-ROM	10.00
09/01/05	ID# CK#	PHOTO FROG 2212 E 12TH ST. DAVENPORT, IOWA 52803	SITTING FEE FOR CAMPAIGN BROCHER	53.50
09/02/05	ID# CK#	CREATIVE SOLUTIONS 18640 220TH ST DAVENPORT, IOWA 52804	POSTCARDS - DESIGN AND PRINT.	140.00
09/02/05	ID# CK#	L. E. CHUTE COMPANY 2729 HARRISON ST. DAVENPORT, IOWA 52803	PRINTING OF LETTERS, CARDS AND ENVELOPES	133.22
09/21/05	ID# CK#	DAVENPORT POST OFFICE DAVENPORT, IOWA 52802 9998	STAMPS - POSTAGE	111.00
SUB-TOTAL				\$ 2545.96
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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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)
 WINBORN FOR MAYOR COMMITTEE

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
09/22/05	ID# CK#	DAVENPORT POSTOFFICE DAVENPORT, IOWA 52802 9998	STAMPS - POSTAGE	\$ 74.00
09/25/05	ID# CK#	STAPLES 5245 ELMORE AVE. DAVENPORT, IOWA 52803	MAILING LABELS	21.36
09/08/05	ID# CK#	MINUTEMAN PRESS 902 W. KIMBERLY RD. DAVENPORT, IOWA 52806	THANK YOU CARDS	29.66
09/26/05	ID# CK#	MINUTEMAN PRESS 902 W. KIMBERLY RD. DAVENPORT, IOWA 52806	POST CARDS	49.39
9/27/05	ID# CK#	SHAFFER - BURROWS 3528 JERSEY RIDGE RD DAVENPORT, IA. 52807	RADIO ADVERTISING	2,565.00
9/30/05	ID# CK#	ASHTON ENGINEERING ONE RIVER PLACE 1225 EAST RIVER DR. DAVENPORT, IOWA 52803	ENVELOPES, STAMPS PRINTING - CAMPAIGN LETTER.	565.02
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3304.43
TOTAL (if last page of this schedule)				\$ 5850.39

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).)

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)
WINBORN FOR MAYOR COMMITTEE

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
08/01/05	EDWIN G. WINBORN 2102 E. 13 TH ST. DAVENPORT, IOWA 52803	CANDIDATE	\$ 200 ⁰⁰
8/12/05	EDWIN G. WINBORN 2102 E. 13 TH ST. DAVENPORT, IOWA 52803	CANDIDATE	\$ 5,000 ⁰⁰

TOTAL (PART I) \$ 5,200⁰⁰

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 \$ 5,200⁰⁰

*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.