

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
RECEIVED For Office Use Only	
Comm. #	Inked <u>AM 9:51</u>
Audited	Computer
SCOTT	DR. AUDITOR <u>AB</u>

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

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

Thomas Greg Chapman (913) 386-2672 10/31/01
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800 - 5 2001

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 11/1/01 REPORT FOR ANVA (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 _____

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>1708.16</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>665.00</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL.....\$	<u>2373.16</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>967.45</u>
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>1,405.71</u>

UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	_____
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)	\$	_____

SCHEDULE A (Rev. 08/97)	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 ENGELMANN

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/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
10/01/01	ID# 8036 CK# 2210 <i>cc ck</i>	ELECTRICAL WORKERS LU 145 PAC 1700 52ND AVE #A MADISON, IL 61705		\$ 100.00	
10/26/01	ID# CK#	CARLA KELLY 2001 28TH ST ROCK ISLAND, IL 61201		15.00	
	ID# CK#	HELEN HATCH 2817 E HAYES PAV IA 52803		25.00	
	ID# CK#	JAMES S. SPAIN 1103 E 13TH PAV ID 52803		50.00	
	ID# CK#	GENEVIEVE SWARTZ 6395 CROW WALKER DR BETH IA 52722		50.00	
	<i>cc sw</i> ID# CK#	IOWA CONSTR LABOR MGT COUNCIL 2112 53RD ST MADISON, IL 61705		50.00	
	<i>cc ck</i> ID# 8177 CK# 3045	LABORER'S LOCAL 309 PAC 2835 7TH AVE ROCK ISLAND, IL 61201		100.00	
	ID# CK#	MISCELLANEOUS UNIDENTIFIED CASH		20.00	
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$ 410.00	
TOTAL (if last page of this schedule)				\$ 665.00	

* 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) (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.

CONTRIBUTIONS - MONEY TAKEN IN
(Including candidate's personal funds)

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

CITIZENS FOR ENGELMANN

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
10/10/01	ID# CK#	MARK HENDERSON 4 MANOR DR C-6 KEOSAUQUO IA 52748		\$ 10.00	
	ID# CK#	BEATRICE PAMPERON 2879 WASH LANE DAV IA 52504	AUNT	20.00	
	ID# CK#	ATWOOD SHILBY 3322 E RANGE PL BETTENDORF, IA 52722		20.00	
	ID# CK#	GERRY ALES 608 KIRKWOOD DAV IA 52803		20.00	
	ID# CK#	SUSAN PAMPERON 2718 COLLEGE DAV IA 52803	COUSIN'S WIFE	35.00	
	ID# CK#	WILLIAM WILKE 3547 DEER RIDGE CR BETT IA 52722		25.00	
	ID# CK#	ANN MCBUSKEN 1005 E HIGH DAV IA 52803		25.00	
	ID# CK#	JOHN STAVINS 2910 48TH AVE BETT IA 52722		25.00	
	ID# CK#	MARGARET HATHAWAY 2503 GAINES DAV IA 52803		25.00	
	ID# CK#	TOM KEY 5108 KENSINGTON CIRCLE JOHNSTON, IA 50131		50.00	
SUB-TOTAL				\$ 255.00	
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) (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.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
CITIZENS FOR ENGELMANN

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
10/29/01	ID# CK# 501	QUAD CITY STREET MAIL 5333 23RD AVE MADISON, IL 62405	MAILING	\$ 113.55
	ID# CK# 503	RENEW PAPER 311 21ST ST ROCK ISLAND, IL 61201	PAPER	97.00
	ID# CK# 504	POSTMASTER 4160 MARQUETTE DAV IA 52804	POSTAGE	34.00
	ID# CK# 505	QUAD CITY STREET MAIL 5333 23RD AVE MADISON, IL 62405	MAILING	191.65
	ID# CK# 506	RENEW PAPER 311 21ST ST ROCK ISLAND, IL 61201	PAPER	149.30
10/30/01	ID# CK# 508	SCOTT COUNTY DEMOCRATS PO BOX 2009 DAV IA 52809	DONATION	351.95
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 967.45
TOTAL (if last page of this schedule)				\$ 967.45

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).)