FOR INSTRUCTIONS. SEE BACK OF FORM

Scott

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Indexed _____
Audited _____
Computer _____

DISCLOSURE SUMMARY PAGE

RECEIVED
01 DEC -3 AM 9:40
SCOTT CO. AUDITOR

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

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

Thomas Engelmann — CANDIDATE — (563) 386-2672 — 12/1/01

SIGNATURE OF TREASURER (or person filing this report) — TELEPHONE — DATE SIGNED

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 12/1/01 REPORT FOR AN/A (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

RECEIVED DEC 6 2001 FILED

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.) ..... $	1405.71
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	550.00
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.....$	1,955.71
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	956.45
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) ..... $	999.26

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $	91.40
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $	253.16
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) $ _____

For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ 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/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
11/5/01	ID# CK#	JOSEPH KOSSATZ 4542 MAIN DAV IA 52806		$ 25.00	
	ID# CK#	TOM JACOBSON 1501 BRIDGE DAV IA 52803		25.00	
	ID# CK#	MARLIN VOLZ 203 W 3RD DAV IA 52801		50.00	
	ID# CK#	RON FARKAS 5220 GRAND DAV IA 52807		100.00	
CC OK	ID# 8098 CK# 572	THE CITIES BUILDING TRADES PAC 4602 46TH AVE ROCK ISLAND, IL 61201		200.00	
	ID# CK#	STEVE SCHALK 310 MAIN ST DAV IA 52801		150.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $ 550.00

TOTAL ***(if last page of this schedule)*** $ 550.00

* 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.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
514 EAST LOCUST, SUITE 104
DES MOINES, IA 50309-1912

Form
VERIFIED STATEMENT REGISTRATION
(Out-of-State Committees)
(Rev. 11/00)

For office use only
Comm. # _____
Indexed _____
Audited _____
Checked _____
Computer _____

VERIFIED STATEMENT REGISTRATION
(Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.
SEND ORIGINAL COPY TO THE BOARD AND
ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE.
PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym.)
Tri-City Building Trades Political Action Committee #8098

Mailing Address
4602 46th Avenue

City, State, Zip Code: Rock Island, Illinoia 61201
Area Code Telephone No.: (309) 788-8080

TREASURER

Name of Treasurer: Stanley C. Hafner
Mailing Address: 2011 36th Street
City, State, Zip Code: Rock Island, Il 61201
Telephone: (309) 786-3308

OTHER OFFICERS (Attach second page if needed)

Name of Chairperson: Mark T. Myers
Mailing Address: 1925 Fair Avenue
City, State, Zip Code: Bettendorf, Ia 52722
Telephone: (319) 355-8274

IOWA RESIDENT AGENT

Signature of Iowa Resident Agent: Mark T. Myers
Typed Name of Iowa Resident: Mark T. Myers
Mailing Address: 1925 Fair Avenue
City, State, Zip Code: Bettendorf, Ia 52772
Telephone: (319) 355-8274

PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE
(Use separate page if needed to list more than one entity)

Name: Tri-City Building Trades Council PAC
Mailing Address: 4602 46th Avenue
City, State, Zip Code: Rock Island, Il 61201

DEC 6 2001

PURPOSE OF COMMITTEE: To educate the members of the council as to the candidate's views and opinions along with other items of concern.

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

Name of Jurisdiction: Illinois State Board of Elections
Mailing Address: PO Box 4187
City, State, Zip Code: Springfield, Il 62708
Telephone: (309) 782-4141

IOWA COMMITTEE RECEIVING CONTRIBUTION

Name of Committee: Citizens for Engelmann
Mailing Address: 4552 Main St. Davenport Ia 52806
Date: 10-31-01
Amount: $ 100.00
If In Kind Contribution, Describe:

VERIFIED STATEMENT OF COMMITTEE:

I Stanley C Hafner, *swear that the contribution reported above is accurate. I further swear that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I attest that the reports filed in the named jurisdiction comply with requirements which are substantially similar to Iowa Code section 56.6, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account, which does not accept contributions from corporations or other prohibited contributors under Iowa Code section 56.15. I understand that Iowa committees are prohibited from accepting contributions from out-of-state committees unless a signed original of this form has been filed with the Iowa Ethics and Campaign Disclosure Board, or the out-of-state committee is registered and filing full disclosure reports in Iowa.*

(Only Signature of Treasurer or Chairperson) _____ (Title): Treasurer (Date): 10-31-01

Subscribed and sworn before me this 31 day of October, 2001 at Rock Island IL

My notary commission expires 11.6.03 Cynthia K. Johnson Notary Public

OFFICIAL SEAL
CYNTHIA K JOHNSON
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/06/03

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES

☐ 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)*
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
11/2/01	ID# CK# 509	REVIEW PRINTING 311 21ST ST ROCK ISLAND, IL 61201	PRINTING	$ 132.00
11/2/01	ID# CK# 510	QUAD CITY DIRECT MAIL 5333 23RD AVE MOLINE IL 61265	MAILING	191.65
11/29/01	ID# CK# 511	SCOTT COUNTY DEMOCRATS P O BOX 2009 DAV IA 52809	DONATION	632.80
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 956.45

TOTAL ***(if last page of this schedule)*** $ 956.45

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS

☐ CHECK THIS BOX IF AMENDING FORM

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

CITIZENS FOR ENGELMANN

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

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.

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

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*
10/30/01	QUAD CITY DIRECT MAIL 5333 23RD AVE MOLINE, IL 61265	MAILING	$ 91.40
		SUB-TOTAL	$ 91.40
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	$ 91.40

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

Page 1 of 1 (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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING 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
10/30/01	DAVENPORT DEMOCRATIC PARTY 510 W 6TH ST DAV IA 52803		JOINT MAILING	$ 190.98	
11/20/01	" " " " " "		"	62.18	

SUB-TOTAL $ 253.16

TOTAL (If last page of this schedule) $ 253.16

*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.